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ADDRESSES.

VALEDICTORY ADDRESS TO THE GRADUATING CLASS OF THE MEDICO-CHIRURGICAL COLLEGE.

BY E. E. MONTGOMERY, M.D.

GENTLEMEN: Three years, with their changing seasons, have come and gone since first we looked into each other's faces, and entered upon the course which must be fraught with so much of weal or woe to you. Three years of continuous labor, of earnest toil, each day gladdened by tasks accomplished, life's problems solved, and new knowledge gained, until you stand to-day upon the verge of a new departure.

As I glance over your systematic curriculum, in which each year has its prescribed duties,—laying a foundation, firm and secure, upon which the succeeding one is to be nicely placed, in which, in the laboratories, you have been permitted to separate organic substances into their elementary parts, to study the normal structures of the tissues of the organism, and witness the pathological changes resulting from the ravages of disease; to peer into the mysteries of nature, ascertain the causes of its disturbance, and consider the methods by which the progress of disease is arrested and its fatal stroke averted; and contrast it with my college course of seventeen years since, with its didactic lectures upon the fundamental branches, supplemented by occasional clinics,—I am constrained to congratulate you upon your opportunities. During this period the methods of surgery have been revolutionized, and to-day we stand confronted by an era in medicine when the terrors of many hitherto unconquerable diseases threaten to be dispelled.

As newly-enlisted soldiers, unfurling your banners upon the world's broad field of battle, your hearts must warm when you consider the achievements of many who have preceded you, and have inscribed their names high upon the roll of honor. On this roll may be seen the names of Harvey, Hunter, Ambroise Paré, Jenner, Wells, Pasteur, Lister, Virchow, and Koch: each of these a hero in the strife, who has borne his banner farther and farther out, and immutably fixed it upon the ramparts of disease. As neophytes in the American Association, you should receive inspiration from a McDowell, a Pancoast, a Gross, a Sims, and a Flint: men whose achievements constrain us to repeat:—

> "The heights by great men reached and kept
> Were not attained by sudden flight,
> But they, while their companions slept,
> Were toiling upward in the night."

The contemplation of the grand successes of these men but serves, I hope, to awaken in your hearts an ambition to imitate their noble example, and earn for yourselves places in the world's future history. Your presence upon this stage to day, and the bestowal upon you of the degree by our esteemed president, is an evidence that you are ready to enter the portal of the time-honored profession of medicine. Of its members, Robert Louis Stevenson, himself an invalid, has kindly said: "There are men, and classes of men, that stand above the common herd,—the soldier, the sailor, and the shepherd, not unfrequently; the artist rarely; rarelier the clergyman; the physician almost

as a rule. He is the flower (such as it is) of our civilization; and when that stage of man is done with, and only remembered to be marveled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practice an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and, what are more important, Heraclean cheerfulness and courage. So it is that he brings air and cheer into the sick-room, and, often enough, though not so often as he wishes, brings healing."

What greater encomium could be wished? Having completed your college course, you are confronted with the anxious question, "What of the future?" What measure of success is to reward your labors during the remaining years of life?

Success, like the ancient trophy-shield, will depend much upon the stand-point from which it is viewed. One will regard the attainment of honor and influence through the acquisition of great wealth as the acme of success. If there be such among you, let me assure you that you have mistaken your calling. Medicine is a jealous goddess; she bestows not her favors upon him whose affections are engrossed with the mere love of lucre. Another, from pure love of truth and science, is content to delve in the quarries, bringing forth treasures to enrich the fund for the benefit of mankind. For such there are still rich mines, the value of whose treasures has never been explored. That these are among the names of those whom the world loves to reverence is evident from the fame of Virchow, Pasteur, and Koch.

Another class endeavors to dip deeply into the treasure-house of knowledge, and place in practical use, for the benefit of their fellow-men, the pearls of wisdom therein contained. Their lives are spent in self-sacrificing devotion to others, and much of their reward comes from the assurance of distress relieved and burdens lightened.

I feel assured that the majority of you whom I address to-day will, from inclination, be found in the last class, and that we cannot do better than devote ourselves to the consideration of what we esteem as essential to the attainment of the highest success. As a foundation-stone, upon which you should now fix your feet, we would place self-confidence, or faith in your ability to accomplish the purposes you undertake. What is more despicable than to see a man engage upon a vital work, lacking confidence in his ability to complete it? He is like the storm-tossed mariner, with compass lost, moving hither and thither at the mercy of the waves. He acts from no fixed motive; his diagnosis of disease is imperfect, without logical foundation, and subject to frequent change; his methods of treatment are uncertain, without reason, and consequently empirical. As a surgeon, he is hesitating, devoid of resource, and incapable of conducting other than the most simple operations to completion. "Confidence begets confidence;" the man who lacks it finds it difficult to inspire it in others.

It is said there can be no doctrine enunciated so extravagant that it will not attract believers, if it be presented with the energy and zeal born of faith.

We need but to glance over the financial world to observe how men will hasten to place their money in impossible gold mines, improbable bonds and securities, and imaginary Edens, when presented and advocated by men who seem to believe in them.

Confidence is the guarantee you offer that you will accomplish your undertakings. To be accepted at its full value it must be associated with character. Character is the subject of growth and the result of continued accretion. It has been defined as the slow-spreading influence of opinion, arising from the deportment of man in society. As such it registers every blemish as a stain which shall be discerned by those who watch your career. In erecting this structure, remember, that—

> "In the elder days of Art
> The builders wrought with greatest care,
> Each minute an unseen part,
> For the gods see everywhere."

and so build that your work may not only bear the scrutiny of men, but receive the commendation of Him who discerns the motives and underlying principles of our actions.

The ancient Egyptian well said that "Before virtue God has placed toil," and, "Life is no meal served up for our enjoyment by Providence, but a service upon which we must expend our best force."

"Let each one test his nature and endowments, and the better he will succeed in using

them for the weal of the whole body,—as a member of which he came into the world,—the higher will rise his inward bliss, the more surely will he attain to serenity of soul, the fewer terrors will death offer to him. In the consciousness of having scattered seed for the future, like a faithful householder, on the evening of each day, he closes his eyes at the end of the hour allotted him on earth."

With character, then, your guarantee is accepted without further indorsement. It is true, the unscrupulous quack, by attractive advertisements, skillfully worded to awaken the fears of the timid and to excite the hopes of the despondent, may appear to ride upon the flood-tide of prosperity; while the honest, well educated, and conscientious physician finds himself plodding along life's dusty highway, unsought and unattended. He is, however, with all his success, no more to be envied than is the railroad-wrecker, or the bank-despoiler, with his questionably-acquired millions, by the upright man of business.

As a guide in the acquisition of character must be recognized knowledge. With a proper estimation of its value in your future life-work, your Alma Mater has demanded of you a preliminary education for entrance into her portals, a rigid examination at the close of each year, and a high standard for your exit from her walls.

As you stand here to-day, conscious of years of faithful toil, of time well employed, we would admonish you that you have but entered upon your education. Our work has been to open the doors to a vast treasure-house, teeming with the choicest accumulation of ages,—to furnish you a catalogue by which its contents may be studied and acquired.

While your study, mainly, must necessarily be one-sided and in the direction of your chosen vocation, yet, as all knowledge is but the aggregation of individual experience, the more varied your acquisitions, the wider will be your circle of influence.

A prominent and learned statesman, when remonstrated with for employing an ignorant physician, said that he believed every man to have a knowledge of something, and, as his physician knew absolutely nothing of anything else, he had assumed that he must be learned in medicine.

Unfortunately, at this age of the world, when different surgical procedures are minutely described in the current popular literature, when the latest medical discoveries, in all their significance, are discussed from one side of the world to the other, you will be judged from an entirely different standard.

Books must not be your only teachers. Bacon has said: "Studies teach not their own use; but that is a wisdom without them and above them, won by observation." This is a teacher by no means to be slighted or underestimated.

As the persistent, educated lover of nature passes along the highway, he sees beauties that are obscured to the traveler of different inclination. Cultivate careful habits of observation, and seek to analyze and utilize the data thus acquired.

The observant physician will often determine the character of an ailment before its possessor has been subjected to a single interrogation, but will utilize the subsequent investigation to demonstrate the truth or falsity of his conclusions. The mind of the busy physician becomes a vast gallery, hung with diagrams or charts, with some of which each new case is studied and compared until it is assigned to its proper classification.

The possession of the faculty of tact or discretion is to be appreciated in securing success. The honest physician neither solicits nor rejects confidential communications, and when received considers them inviolable. Unfortunately, your work will not be confined to the sick patient, but you must study as well to please the friends and relatives. To do this, the self-respecting physician does not play the part of a sycophant, but, with all gentlemanly courtesy and firmness, asserts his position as general in command. Unless his right to this prerogative is respected when required, it is better that he should withdraw from further responsibility. He who is weak enough to permit himself to be retained when his authority and directions are not respected, will find himself condemned for adverse results. Men respect the man who respects himself. As a matter of confidence, let me whisper to you that the highest mark of your worldly discretion will be in making the ladies your friends; with them captured, the men will follow.

Patience or perseverance is the ally that furnishes the key to success to those who have not been especially favored with the ability to acquire as rapidly as others. The greatest results are often accomplished by the steadfast

exercise of ordinary qualities. The placing before one of a high aim, and never losing sight of it as he toils along, is the goal to success. Buffon has said of genius "It is patience." The world's history furnishes innumerable examples of men who have been obliged to fight from the beginning to the end for recognition. Cook, the navigator, and Burns, the poet, were day laborers. Livingstone, the missionary, was a weaver. In our own country, we find Lincoln, Johnson, Grant, Garfield, and Cleveland, men from birth and early surroundings of no promise, attaining to the first position in the gift of their country through patient, persistent toil.

Scanning the ranks of the profession upon which you now enter, you will find the majority of those who have attained the highest success, the greatest renown, are men who have experienced the stimulus of necessity.

As Disraeli, by patient industry, from the laughing-stock of the British Parliament became its leader, so it behooves you to improve the leisure moments of your earlier years in practice, that when opportunity presents itself you are prepared to utilize it. Do not be disturbed that your office is not filled at once with patients; it is better for you that it should not be. You have much to do by way of preparation, in study, not only in books, but that highest study of mankind,—man.

Probably one of God's greatest gifts to man is decision of character. While it is true that this may be unequally possessed by different men, every one has the germs of it, which are capable of cultivation. The surgeon or physician brought face to face with an emergency in which the life of an individual is at stake requires coolness of manner and decision of character. You need but to have watched the deportment of men in the different clinics during your term of study to have been impressed with its importance. One surgeon will proceed to the simplest operation in such a way as to impress patient and friends with the fact that it presents the utmost gravity; another meets the most serious and unexpected complications with a coolness of deportment that robs every one of fear.

In our profession, above all others, an abiding, steadfast love of humanity is an essential to true success. We are our brother's keeper, for to us is intrusted that which he values above everything else,—his life. The great draft upon our sympathies, the loss of rest, and offensive tasks, would become too irksome to be borne by the mere lover of gain. The reason of failure with many young physicians is the fear of doing something for nothing. The poor wash-woman, who can only reward your service with a "God bless you," may be the means of bringing to you a wealthy patient. The exercise of your regard for your fellow-creatures, in cheerfully caring for such, is casting bread upon the waters, which will return in future days.

It must be said to our credit that our associates are but seldom lacking; indeed, when we consider the years of arduous service in hospital and dispensary, cheerfully rendered; the sacrifice of time and money expended in building up such institutions; we may safely claim they have demonstrated that the medical profession stands second to no other in its love for humanity. Their love is shown by their works.

It is said "The highest exercise of charity is charity toward the uncharitable." This it must be yours to practice. Sickness and suffering render the patient a supreme egotist. A similar condition is generated sympathetically in his family. Your best-directed efforts, attended by sacrifice of leisure, sleep, and nerve-energy, will fail of appreciation when unrewarded by relief. Learn to be patient under misrepresentation and want of appreciation, for "Charity suffereth long and is kind." That man who has the ability to put himself aside and look upon men's actions, even toward himself, impersonally, exerts a power that in the end attracts the admiration of enemies as well as friends, for charity shall cover a multitude of sins.

As we separate to day, you to enter upon your life-work, we to pursue the daily routine of busy lives, rest assured that our good wishes go with you. The reputation of every school is dependent upon the position secured and maintained by its alumni. Remember, then, that your success or failure affects not yourselves alone, and let the knowledge that your fellow alumni and your college rejoices in your every successful achievement be an incentive to new energy and increased zeal.

In conclusion, in the words of the apostle to the disciples, I would urge you in "Giving all diligence, add to your faith, virtue; and to virtue, knowledge; and to knowledge, temperance; and to temperance, patience; and to

patience, godliness; and to godliness, brotherly kindness; and to brotherly kindness, charity; for if these things be in you and abound, they make you that you cannot be barren and unfruitful."

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*ALUMNI ORATION ON MEDICINE, MODERN AND MEDIÆVAL; OR, THE DOCTOR AND THE LEECH.**

By FRANK WOODBURY, A.M., M.D.,
Hon. Professor of Clinical Medicine in the Medico-Chirurgical College.

"Prescribe each for the other as other's leech."—SHAKESPEARE.

IT is always an honor for one man to be deputed to stand forth as the spokesman for others; it becomes a distinguished honor when one is permitted, as I am this evening, to represent professional men occupying such a high position in the community as the President and other members of the Alumni Association of the Medico-Chirurgical College. This evening we meet to celebrate the anniversary of the birth of our Association. To our guests, who meet with us to share and enhance by their presence the joy of our reunion, I bid a hearty welcome in the name of those for whom I am authorized to speak. For the time you belong to us and are of us; you have entered the halls of science, and to-night sit in the seat, if not of the scorner, at least of the medical student, who, in modern polite society, usually occupies the position of the scornee,—if I may use such a word without getting into trouble with the lexicographers. I hope the seat of the scorner, by the way, is less hard and unsympathetic than that which the medical student inhabits; or that Nature, which is alleged to temper the wind to the shorn lamb, has made due provision whereby prolonged occupation shall be less wearying to the flesh, and painful. But let that pass; 'tis a tender subject with those who have sat, as some of us have, upon unmitigated and unvarnished wooden benches at "old Jeff," for eight hours a day for three years. Having had a surfeit of sitting, I am well content to stand and rest myself for the remainder of the pleasant hour which we shall spend together.

This suggests a little incident which may interest you. A lady said: "I do not think that medical students are so impolite and rough as some people believe. It is true that when one goes out with them they prefer to walk rather than ride, but I always notice they are the first ones in a street-car to rise to give a lady a seat." Although I could not think that her conclusion was justified by her premiss, I could not find it in my heart to point out the flaw in her logic.

"A fellow-feeling makes one wondrous kind."

I am here especially to offer, in the name of the Alumni Association, a very cordial welcome to the members of the graduating class, who, having, with great credit to themselves and the College, completed their course of study and fulfilled all the arduous requirements of the degree, are to be invested upon Commencement Day with all the honors and privileges of the doctorate. We welcome you this evening as successful runners in the race who are about to be crowned. "*Palma non sine pulvere.*" Those who have just finished such a contest best know the laborious preparation, the severe toil, the physical strain, the intellectual ordeal, involved in gaining the prize. To others the crown is a material object. To him who has earned it by noble effort it is a sacred emblem,—sacred because into it he has put a part of his life, and whatever costs human life is thereby consecrated. Appreciating your labor as we do, and as only those can who have gone through a similar experience, we want you with us. You are a valuable accession to our ranks. Your energy and influence will greatly help us in the work we have before us. Knowing your worth, we congratulate the Trustees and Faculty of the Medico-Chirurgical College upon the high standard of qualification possessed by the graduates of this school. *Esto perpetua.* May the standard never be lowered, but steadily advanced with the growth of medical science and the intelligence of the people among whom its alumni are called to practice their profession. We feel that we may consistently congratulate, also, the friends of higher medical education elsewhere upon the stand which this College boldly took when it was instituted. With courage based upon conviction of the righteousness of their cause, its founders pledged themselves unalterably in favor of a lengthened term and a graded course of study. We honor those brave men who, in spite of powerful opposition and competition, labored through good and evil report—but

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*Delivered before the Medico-Chirurgical College Alumni Association of Philadelphia, in the amphitheatre of the College, April 14, 1891.

chiefly the latter—to establish this school upon a solid foundation. Their sacrifice and toil are now bearing fruit. The long and arduous struggle is approaching, or has just attained, a successful termination.

The very obvious and steadily increasing respect shown by the profession and the general community to the Medico-Chirurgical College and its work; the healthy growth in the class; the improvement in the *personnel* due to the preliminary requirements and entrance examination, and the hearty sympathy which you who are here to-night and many other valued friends have manifested in many ways and in most substantial manner,—all combine to assure us that the experimental stage has been successfully passed, and we are now entering upon that of successful demonstration and realization. Having survived the trials of teething, and cut, as one might say, her eye-teeth, we feel emboldened to express our confidence, at the present time, in the toughness of constitution of our Alma Mater. Due regard for propriety of language forbids us to use the customary term venerable, but we can affirm our conviction that such youthful vigor gives promise of a long and useful career and a green old age.

Looking forward, we may see students thronging these halls, in whose ears the very names of those who are honored here to night will be known only by tradition, and will have a strange and unfamiliar sound. Others will take our places as instructors and exponents of scientific and philosophic truth, but the broad principles laid down by the founders of this school will continue to guide it in its philanthropic work of qualifying its graduates to do all that advancing science shows can be done for those who are sick or injured. As the years roll on, we must inevitably grow in numbers as an Association. The annually increasing classes passing out of the portals of the school will infuse new blood into our organization. But our object is not limited to numerical growth nor our ambition to brief periods of activity on the night of our banquets, alternating with long seasons of suspended animation. Some such alumni associations we wot of, which hibernate, as an Irishman might say, for 365 days in the year, and devote only the odd five hours, forty-eight minutes, and forty-eight seconds to the discussion of, "What are we here for?" and the annual banquet.

In our Alumni Association there is no need of discussing this question: it was settled when the society was instituted. I may be betraying a secret, but I am willing to take the consequences, in telling you, in all confidence, that I believe that the chief object in establishing this Alumni Association was to afford aid and encouragement to the authorities of the College in its fight for the cause of higher medical education. It also aims to unite the alumni of the College, to encourage friendly and fraternal relations among the graduates of the institution, and keep up their interest in its welfare. It also has held meetings for the discussion of practical medical topics at stated intervals, to which the students and faculty were invited. Its annual celebrations have been of the highest character. When I recall the fact that I am now in a position, to-night, which a Dudley Reynolds has graced with his eloquence and forensic energy; which a John B. Hamilton, the distinguished Supervising Surgeon-General of the United States Marine Hospital Service, has honored by words of wise counsel and encouragement; which a Thaddeus A. Reamy has indued with such erudition and ability; and which last year our own Laplace occupied with such acumen and modesty: I feel my own limitations too strongly to do more than welcome you one and all to our anniversary celebration.

I confess, however, to something of a feeling that, with such a sympathetic audience, I may venture a little farther, and say a few words of what we hope to accomplish; or, more modestly, of what we hope to humbly aid in accomplishing. Having caught the spirit of the occasion, I hope that you will bear with me (and the benches) a little longer, while I consider the nature of the problem which the physician is obliged to confront in the daily routine of his profession, and what manner of man he ought to be to worthily attempt its solution. At the outset, I disclaim any special qualification for the task, beyond the fact that I have trodden with weary feet and sometimes heavy heart the path which now extends before our new alumni, its commencement in plain view, its end lost in clouds and darkness. I can scarcely realize it that more than a score of years have passed since my student days at "old Jeff," and nearly that period since I had my commencement, and started on my medical career with anticipations as ardent as yours,

with an abounding faith in the future and in myself, that makes me blush for my boldness as I look back upon it, and a stock of ignorance of the world and of myself, which, for abundance and variety, you may emulate, but can scarcely excel. All the members of the faculty at Jefferson College, upon whose utterances I hung with rapt attention during my first two years at college, are now no more; their voices have been silenced; their names, though not "writ in water," are almost unknown to the present generation of students. They no longer speak audibly or by their writings with the voice of one in authority. New men, new ideas, now occupy the stage. We are now living in a period of unprecedented scientific development and intellectual activity. Medicine has greatly profited by improved instruments and methods of research, better and more accurate observation, and more logical deduction. Such a period has never been known in recorded history. Long periods of time elapsed in the past between great discoveries in medicine. Galen proved that the arteries contained blood instead of air by applying two ligatures to an artery in a living animal and cutting the vessel between; incidentally he demonstrated the fact that the current of blood in a severed artery could be stopped by tying a ligature around it. And yet surgeons went on applying the hot iron and boiling oil, and other lingering methods of checking hæmorrhage for some fifteen hundred years, until Ambroise Paré and John Hunter told them that Galen's method could be utilized in surgery.

Vaccination for small-pox was not introduced until the beginning of this century, although the protective character of cow-pox had been known for many years among country people. Anæsthesia was practiced with opium and other narcotics by the ancients, and Humphry Davy showed the effects of sulphuric ether; but it was reserved for Morton to effect a demonstration, and teach the world a method of escaping pain. If we except the ligature, vaccination, and the use of anæsthetics, we find that the last few years have furnished almost our entire outfit in our battle against disease. The antiseptic method has revolutionized surgery, and practical medicine is profoundly moved by recent discoveries in bacteriology and pathology. The next twenty years can scarcely be as productive as the last, but will, doubtless, witness many new applications of the truths now understood but dimly or in part. I wish, however, to direct your attention to a characteristic feature of modern medicine; it is the great activity now prevailing in every department. No longer do we wait for years before announcing a discovery. Harvey waited for twelve years before he published his demonstration of the circulation of the blood. In fact, so rapidly do we receive intelligence through our medical press that any new discovery is announced simultaneously to all parts of the civilized world, and investigators in every land immediately study it and promptly report upon it. This has its advantages, but it also has disadvantages, for the public always draws inferences prematurely and has its own interpretation of medical facts. A recent illustration is the announcement last September by Robert Koch, the discoverer of the bacillus tuberculosis, of the result of certain experimental studies in his laboratory, which he considered might find a useful application in treating patients suffering with consumption.

It was immediately placed upon trial and subjected to rigid investigation by competent observers in different parts of the world. It is still too soon to sum up impartially the value of Koch's discovery in practical medicine; it seems, however, to have decided influence in controlling localized tuberculosis or lupus. Unfortunately, the newspapers, that know a little about everything—and that is about all they do know—entered the field of scientific discussion, and, eager for a sensation, darkened counsel by words without wisdom, and inspired many poor consumptives with the false hope that if they could only go to Berlin and receive one or two hypodermic injections of lymph, their physical sins would all be forgiven and they would be restored to their family and friends whole and without a blemish. I say patients entertained such views, and for this the public press is largely responsible; while I hasten to add that the medical profession and the medical press are not without culpability. The eagerness of a few competent bacteriologists to see for themselves just what Koch claimed and could demonstrate led them to undertake a long journey to make experiments in Koch's laboratory. A greater number of medical men, having leisure and money, took in Berlin as an excuse for a European trip. A very large number, I am afraid, deliberately

counted the cost and took the trip solely for advertising purposes. In the meantime, patients were fretting themselves and annoying their physicians because they thought the latter were behind the times and not progressive enough. Now the fever is over, and we cannot point to anything that would warrant the extravagant claims made by others about Koch's alleged discovery. Mind you, such claims were not made by him; his language was temperate and scientific; and if, in his course through the entire transaction, we see anything which is open to criticism, we must remember that, while devoted to science, he was in the employ of the German government, and there appears to have been some conflict of allegiance.

The moral that I would draw from this is, that medicine is so controlled by scientific methods at the present day that false therapeutic teachings cannot possibly gain a permanent foothold. The time for theories and dogmas, for pathies and schools in medicine, belongs to a past age. The physician who practices any restricted system of medicine is crippled in his resources, and his patients lose the benefit that might be derived from other sources. The old lady who was accustomed to offer the petition, "From all false doctorin', good Lord, deliver us," had a lively appreciation of the possible ills arising from this source: a fear that, apparently, is not shared by the general public, if the patronage given to charlatans can be used as a criterion. The specialists were the quacks in the day of Galen, who said that they only differed from the bandits in the fact that while the latter robbed people in the hills, the former robbed them in the city.

To obtain a notion of correct medical practice, let us inquire what medicine is, to what department of science does it belong? These are the days of Science, and the highest compliment we can pay to a study or a man is to say that it or he, as the case may be, is scientific. Twenty years ago I was ready at all times to defend the proposition that medicine is a science. Now I am not so sure; in fact, I am quite certain that it is not, and in the nature of things cannot, be a science. In one of Walter Moxon's introductory lectures, he shows, very entertainingly, that very much that medicine has to do with is both variable and unknowable, hence out of the domain of natural science, which deals only with the knowable and demonstrable. The sciences of mathematics, of chemistry, and of zoölogy, however, are tributary to medical research, and greatly aid its development. Thus far it may be called scientific. But when we come to knowledge of disease and of the influence of remedies, we are in the domain of art, and all men are not equally good artists. Proficiency in medical knowledge and experience in the treatment of the sick, combined with good natural powers of observation and sound judgment, qualify an individual for the practice of medical art, or, as well said by the author just quoted, fit him to do all that can be done for a fellow-being in distress. It is not the function of medicine to cure people of their diseases, although we often speak in this way. We speak of the physiological action of remedies, but we know that, properly speaking, remedies do not have any such action except in the case of caustics. What we usually mean to imply is the reaction of the system against the drug to expel it from the system by one of the many channels, and the symptoms of disturbance of function in different organs which resent its presence. Medicine is not in any sense the antidote to disease any more than it is the equivalent of health. The object of the physician is to care for the patient and advise and aid him to return to health; in other words, to avoid treating an abstract conception which we call a disease, and to see only a fellow-being who is out of health and needs our assistance to restore him. We do not bring health to the patient, but we try to bring him back to a state of health, or as close to that ideal state as circumstances will permit.

This is the problem which confronts us as physicians. It is one which, at times, in individual cases, taxes all our resources and requires all our powers of judgment to satisfactorily settle. Now, we are all ready to admit that men differ in intellectual ability, in discretion, and in fertility of resources. Some are intellectual giants, others we pronounce fools; some acquire knowledge readily and have a large mental grasp, others the reverse. We may apply this observation practically to the matter now engaging our attention. We are accustomed to speak of physicians collectively and in the aggregate as "the medical profession." In this country, where so little atten-

tion has been given to protecting the public from ignorant, designing, and unscrupulous men, who prostitute a noble profession, and where diplomas from some medical colleges are so easily obtained; where the law does not require a doctor to be either a gentleman or a scholar,—it need hardly excite surprise if I state that the medical profession consists of all sorts and conditions of men. The qualifications for practicing medicine required in different parts of the world are very varying, but we can lay down the rule that in those countries where the qualifications are the lowest and the conditions the most easily filled, the proportion of unintelligent, evil-minded, and poorly-educated physicians will preponderate. On the contrary, where an enlightened public spirit prescribes a high standard of qualification and holds the physician to the strictest performance of his obligations, the medical profession will be composed of the highest class of physicians, those best endowed by nature and education.

It should be the desire of every intelligent man to elevate the standard of medical attainment among physicians in his neighborhood, if only for the selfish reason that the health or life of himself or his friends may not be at the mercy of ignorance and greed. This may be done by legislative enactment, and, in fact, twenty-one States of the Union have established examining or licensing boards. Such a measure is now before our Legislature at Harrisburg, and, if properly construed and wisely administered, it would be a beneficent law. At the same time, the only effective way to expel quacks is to take their trade away from them by making the people so intelligent that they can detect their falsehoods and refuse to employ them. When there is no longer any demand the supply will soon cease. We should do everything in our power to dispel the delusion that one doctor is as good as another. As the Irishman retorted when asked if one man was not as good as another, "Faix, that he is, and a good deal bether." It will be a fortunate day for scientific medicine when people generally rid themselves of any superstition about the practice of medicine or the practitioner, and learn to discriminate, as, I am happy to say, the more intelligent of the community are now doing.

As an indication of the present state of medical science, I might give you a few prescriptions from mediæval medicine, even extending down to the last century, but will spare you the recital of their disgusting and silly details, as they appear to us. And yet, in spite of the absurdity, and sometimes revolting character of the remedies employed, we see from the writings that have come down to us that many of the old leeches, as they were called in Shakespeare's time, possessed knowledge based upon shrewd observation. Indeed, the bard of Avon shows considerable information in his plays with regard to disease and its causes. The point that I will here make is that the leech administered a *farrago* of agents of which he could know nothing therapeutically, and his practice was completely in the dark as far as remedies are concerned, which probably did more harm than good. Science has now come to the aid of the doctor, and has analyzed his remedies and investigated their action, isolated their active principles, and taught him how to use them so as to produce positive effects for the benefit of the patient. The practice of such physicians is as different from the former as light is from darkness.

In one of John Fisk's essays, on the "Excursions of an Evolutionist," the fact is pointed out that prehistoric man is not extinct, but still has living prototypes or representatives in the Esquimaux and other tribes of the frozen North, where the glacial period still prevails. In the same manner, we may still find representatives of former methods of practice. In China the mediæval system of Europe still prevails, though rapidly being superseded by modern or "Western" medicine, as it is called. But we need not go so far from home to find ignorance and superstition governing medical practice. Among the people we occasionally meet with strange remedies and obscene rites, and, as families occasionally devote a son to medicine, we need not be astonished if we sometimes meet with such a specimen of survival from a past age,—certainly not in this case an illustration of the survival of the fittest. Owing to the preliminary examination and the high grade of scholarship exacted by the authorities of this College, we need scarcely say that it will be useless to seek for such a survival among the alumni of this school.

Since increased knowledge brings increased responsibility, we feel that the best methods should be pursued, so that the student may by systematic study best improve his opportunities

for gaining knowledge. The graded course is as indispensable to instruction at the present day in medical as it is in all other colleges. I will not dwell upon this, as it is self-evident that if the first-course student and the third-year man listen to the same lectures the time of one or both is wasted. I think that there is a growing tendency to substitute demonstrations for didactic lectures. As an artist requires practice so as to gain control of his hand and brush, so the young physician should be trained in his senses and powers of observation. The method of the school-master, Squeers, is growing in favor. We must teach a boy to spell "wash winders," and then make him go and do it, figuratively speaking. A man only really knows what he has experienced and made a part of himself. For this reason the faculty has again enlarged the laboratory facilities and increased the dispensary accommodations to offer more facilities for practical work. Students should be encouraged to think and to ask questions. The system that endeavors simply to cram a mass of facts or figures so as to prepare a man for an examination is a false system, and ruinous to the mind of the student, as, instead of merely trying to remember, he should be taught to originate ideas. A well-disciplined mind is not incompatible with originality, but an overcrammed mind is on the verge of insanity. I do not agree with those who hold that all medical men should have identical qualifications; a minimum requirement is reasonable, but uniformity is irrational and impossible.

"Order is Heaven's first law, and, this confessed,
Some are—nay, must be—greater than the rest."

It has been felt in this country to be a disadvantage not to have distinguishing titles, so as to show different degrees of qualification among medical men. Efforts have been made to remedy this by the organization of societies, of which certain men may be the presiding officers. There are also certain societies, like the College of Physicians or Academy of Medicine, membership in which is taken as indicating a superior standard, and special medical associations prove that a man has standing among physicians as a dermatologist, gynæcologist, etc. It has been a hope of mine that some day the United States government will come to our assistance and enable us to form a superior class of physicians, not as a matter of influence, like an order of nobility, but a title conferred in consideration of special services, as is done in England, where a man, already honored by his services to the profession and community, has such services publicly recognized by receiving the honor of knighthood. We know that the Examining Boards of the Army and Navy reject a large proportion of applicants, and by a system of rigid examination they have secured a superior class of medical men for the military and naval service. If the government were to permit a similar board to sit in Washington or elsewhere, empowered to examine into the medical qualifications of any who might apply voluntarily for the trial, and authorized to confer upon successful applicants the title of Civil Service Physician or other distinguishing title that would indicate superior qualifications upon the part of the recipient, I believe that such a title would be eagerly sought for and proudly worn by those who were able to win it.

It is most creditable to the medical practitioners of this country that they are eager to keep themselves fully posted upon the advances in medicine in all its departments, and it is due to this that the fame of American medicine has gone forth all over the world. I will close with the prediction that before another century has passed European students will be sent to this country to finish their medical studies. It behooves us, then, to keep up the standard, and to keep our Alma Mater, the Medico-Chirurgical College, in the march of improvement, always in the van.

ORIGINAL COMMUNICATIONS.

A DISCUSSION OF WEISMANN'S THEORY OF THE NON-TRANSMISSIBILITY OF ACQUIRED CHARACTERS.

By JOHN V. SHOEMAKER, A.M., M.D.

BOTH Lamarck and Dr. Darwin (the grandfather of Charles Darwin) considered evolution to be the effect of promptings to certain actions (which implies consciousness, however slight, in the lowest organisms), and hence, inferentially, modification of structure through function. This view, broadly stated, affirms that use and disuse of parts of an organism are creative. Charles Darwin recognized this action as one

of the forces accessory to organic change. He found it, however, utterly inadequate to account for the inception of change. Hence, after years of profound study of the subject, consisting of observation, reading, and experiment, he formulated, simultaneously with Wallace, the theory of evolution now accepted by the majority of scientific men. This theory is that inception of change in an organism is due to organic capacity for change, acted upon by the stress put upon it by inorganic nature, which results in gradual accommodation or non-accommodation of the organism to changed conditions thus imposed, leading to improvement or degeneration in its status, or to its final extirpation; the finality being the survival of the fittest to survive, under the changed conditions, in the struggle for existence. His theory summarizes the agencies of change as natural selection, sexual selection, artificial selection (through the interference of man), atavism, and the effect of use and disuse of parts.

Herbert Spencer wishes to include another factor in the result, the introduction of which, we are inclined to believe, will, upon fuller observation and discussion, be adopted as among the recognized agencies in change. This is the primordial condition of the influence of the contact between the integument of every organism with the atmosphere, as to the effect of which, in shaping the destiny of the organism, he cites many cogent examples.

We are not, however, here concerned with discussing the addition which Mr. Spencer would make to the factors of organic evolution; but with the true record of what Mr. Darwin actually thought and wrote, as corrective of much misapprehension on the subject, and as relevant to what we have to say regarding the comparatively recent views of August Weismann, which are at present forming a subject of discussion among breeders of every kind.

Mr. Darwin, then, did not believe, with his grandfather and Lamarck, that mere impulse of the organism was creative, any more than he believed with Chambers, the reputed author of "The Vestiges of Creation," that all evolution is due to a primordial impulse in nature to advance. These are no solutions at all of the difficulty, and the latter was an evasion of anything that could be termed a philosophical treatment of it. What Darwin thought and wrote we have recited above, and all subsequent examination of his theory in the light of facts has justified his conclusions.

Now Weismann comes to the front, and tells us that there are, in artificial selection, no acquired characters: that in health or disease, what may seem to us to be acquired is really congenital, for we cannot prove that what we see is not congenital. This is so clearly a begging of the question as to whether what is acquired may not become congenital that it would seem hardly worthy of notice, but that Weismann is read, and Weismann is quoted, and Weismann has vogue among certain people, even a member of the National Academy having declared at its last meeting but one that acquired characters are not transmissible.

Herbert Spencer says, in a little-known essay of his, entitled, "Factors of Organic Evolution:" "But not pressing these questions, it suffices to point out the necessary implication that changed functions of organs *do*, in some way or other, register themselves in changed proclivities of the reproductive elements. In face of these facts, it cannot be denied that the modified action of a part produces an inheritable effect,—be the nature of that effect what it may."

The following passages from the same essay are very convincing. Mr. Spencer says: "By what process does a changed part modify other parts? By modifying their functions in some way or degree, seems the necessary answer. . . . Stronger emotions of disagreeable kinds check or arrest the flow of bile. . . . Apoplexy and palsy, in a scarcely credible number of cases, are directly dependent on hypertrophic enlargement of the heart.

"Are these correlative modifications, when of a kind falling within normal limits, inheritable or not? If they are inheritable, then the fact stated by Mr. Darwin, that when one part is modified through continued selection, other parts of the organization will be unavoidably modified, is perfectly intelligible; these entailed secondary modifications are transmitted *pari passu* with the successive modifications produced by selection. But what if they are not inheritable? Then these secondary modifications caused in the individual not being transmitted to descendants, the descendants must commence life with organizations

out of balance, and with each increment of change in the part affected by selection their organizations must get more out of balance,—must have a larger and larger amount of reorganization to be made during their lives. Hence, the constitution of the variety must become more and more unworkable."

This is the *reductio ad absurdum.* Mr. Spencer goes on to say that the only imaginable alternative is that re adjustments are in the course of time effected by natural selection. But, he very justly observes, as we find no proof of concomitant variation among directly contiguous co operative parts, we have no right to assume such among parts distant from each other and only indirectly co-operative. Besides, he adds, the variety would die out before the requisite re-adjustments for its living had been made.

All this goes to show conclusively, what observation confirms, that after change has occurred, through the capacity of organisms under stimulus to change, use and disuse of parts are essential to render the change effective for the well-being of the organism; and change thus proceeds interminably with the life of the organism through that use and disuse of parts, always tending to the co-ordination of the resultant structure.

This, specifically stated, means, in sum, only that function modifies structure, and structure function, both conspiring in modification for the well-being of the organism, and that they are through all successive changes inheritable.

Where should we find space to cite the numerous cases in artificial selection where breeds of the lower animals of all sorts have been, to all appearances, permanently changed, indeed, essentially recreated? And, in natural selection, what can we wish more convincing than such things as the existence of birds which once flew and now, through deficient structure, can no longer fly? This change cannot be due to artificial or natural selection. Disuse of the parts must have produced the effect.

The contraction of the human jaw can be owing, through changed food and cooking, to nothing else than accumulated change from relative disuse of the part. The increasing myopia of large cities can be ascribed to no other cause. That disease can be an acquired character ought to need no demonstration.

We see the inheritance of abnormal characters, generation after generation, mental as well as physical, vicious as well as good. Despite the admixture of blood through marriage, these traits are often transmitted from generation to generation, the morbid ones often terminating, as is so ably shown by Dr. Maudsley, in rapid destruction and disappearance of the stock from the earth.

The opposite side says that there are no inherited diseases; that one person as compared with another is more or less a weak point for attack. Wonderful, if this be unqualifiedly true, that a person should seem to inherit liability to a particular disease! As such a person generally gets it, if the tendency be not strongly countervailed, it would seem more likely that he potentially inherits the disease.

The germ-theory would seem to suffice to show that, over long periods, disease may be specifically present in cells. Of potentiality of disease, rather than of susceptibility of the individual, we can more readily conceive as a condition capable of storage.

To realize adequately the efficiency of the use and disuse of parts as working change in natural selection, we should first of all remember how slowly change is effected,—by natural selection even much more slowly than by artificial selection. The day of belief in cataclysms has vanished. We must think of selection as accomplished, however accomplished, whether in progression to higher or retrogression to lower forms of life, as an exceedingly slow process. We must conceive of it as representing the survival of the fittest in a perpetual struggle for existence, in which all organisms are only relatively more or less fitted to their environment. And yet we must conceive of it at the same time as a condition in which each organism may be regarded as absolutely fitted at a given time to its environment. This must be true if evolution is—as it certainly is—perennial. The contradictoriness of the two conceptions merely involves a confession of our inability to detect slight differences by which an organism must be deficient in perfect accord with its environment. It is, in a word, a confession of our inability to distinguish degrees of correspondence, or want of correspondence, between organic and inorganic nature when the existences affected approach the limits of perfection.

THE RECOGNITION AND TREATMENT OF REMOTE SYMPTOMS OF EYE STRAIN.

By JOHN S. STEWART, M.D.

MUCH is being said and written on this subject at the present time; indeed, ophthalmologists have been making efforts for years to secure a more general recognition of eye-strain on the part of the mass of the profession. It is only within a comparatively recent period, however, that anything like deserved attention and interest has been secured.

Specialism in the field of medicine has, of course, its evils as well as its advantages, and not least among the evils is ignorance and indifference toward other departments of this branch of science. Fortunately, however, it is becoming more and more evident, as further light is shed upon the subject, that no organ or part of the human body can be ignored in the special study of certain other organs or parts. Especially is this true in our present state of highly-developed, or sensitized, reflex nervous energy.

The tissues of the eye are extremely delicate and very highly organized; naturally, therefore, and on account of the almost constant use to which these organs are necessarily subjected, any excessive work or labor performed at a disadvantage must constitute what is known as strain, and sooner or later there will be communicated through the nervous system to parts of the body more or less remote the often uninterpreted signals of distress. It is a very remarkable fact, indeed, that in so many cases where this strain exists to an exceptional degree, no symptoms show themselves in the eyes, but are liable to be manifested in seemingly remote parts of the body, and there mistaken for or confounded with local lesions. How often this is the case few even yet are able or willing to admit. Many persons are ever at a loss to know why they invariably grow drowsy on taking up a book or newspaper. Are their eyes often suspected of being at fault? Fickle appetites and impaired digestion are commonplace complaints, especially among those of highly-wrought nervous organizations, whose eyes are seldom at rest. Is reflex neurosis, the result of severe strain in some organ of the body,—possibly the eyes,—ever looked for in these cases? That migraine, car-sickness, chorea, epilepsy, etc., have been and oftentimes are the results of just such strain is a well-estalished fact; but many, and not less remote, neuroses unfortunately still continue to be regarded and treated as manifestations of local disorders.

But it should not be imagined the claim is made that all reflex neuroses proceed from eye-strain. This would be manifestly absurd as well as untrue, for any portion of the body supplied by nerves—and what part is not thus supplied?—may signal its distress to parts more or less remote. Thus do the generative organs, the teeth, the kidneys, etc., act. Unfortunately, however, for the eyes, so long as vision seems unimpaired, it has been the custom to regard these organs as healthy and well fitted for the performance of their tasks. Impaired vision, let it be understood and well remembered, is probably one of the least common symptoms of eye-strain that we have. In fact, it is the oftentimes successful though unconscious effort to conceal naturally defective conditions of the eyes that in every instance occasions so-called "strain." Could our eyes be so controlled that defective vision would always result from the existence of refractive error, one very great source of strain would be removed. It is this constant effort of the accommodative power to correct a naturally defective focus that, in the majority of cases, especially of the young, conceals the defect by rendering vision apparently normal; and it is to control this involuntary action of the ciliary muscles that mydriatics are required in making accurate estimates of refractive errors.

Great interest has been shown lately in studying the extra ocular muscles with a view of determining how much of the eye-strain, of which we continually hear, may be due to abnormalities in them. An immense and apparently exhaustless field for research has thus been opened up, and, while obviously extreme views are held by some members of the profession, much that is entirely new and altogether invaluable has been brought to light. Insufficiencies or overactions of certain of these wonderfully-adjusted muscles have been shown, beyond doubt, to be responsible for much previously unexplainable suffering.

But one fact in particular should never be lost sight of in this connection, viz., that very often it is a lack of harmony in action between the accommodation and convergence efforts that gives rise to eye-strain and many consequent

reflex neuroses. There may be present such manifestations as more or less defective vision; painful use of the eyes; headaches, varying in location, intensity, and duration; and various local disturbances, such as congestion or inflammation about the eyes and lids, conjunctivitis, styes, etc.; but severe and even dangerous eye-strain can exist and manifest itself only in remote parts of the body without any one of the symptoms which are ordinarily looked upon as evidences of ocular defect.

The suggestions in regard to treatment may be summarized as follows:—

1. Every child, before entering school, or in any way commencing systematic use of the eyes, should undergo a thorough physical examination, including careful testing of the eyes by an ophthalmologist; for the conditions and capabilities of the eyes must never be left out of account, either in the amount of study to be undertaken or in the choice of a profession or calling in life. The thus early detection of defects, weaknesses, or diseases in the eyes affords opportunity for possible improvement of the conditions by the immediate correction and the timely employment of such remedies and precautions as may be found indicated.

2. Physician should recommend patients to have their eyes carefully examined whenever obscure symptoms are present, or when suffering and ill health cannot be accounted for with certainty on other grounds.

3. The question as to the exact amount of refractive error, or oftentimes even of its existence, cannot be determined with any degree of certainty in the majority of persons under 35 or 40 years of age, unless the power of accommodation be first paralyzed by the use of a mydriatic.

4. Examination of the eyes should never be considered thorough or finished unless the extra-ocular muscles have been tested as to their relative powers and harmony of action. There is a standard of power for these muscles, and any variation, even in the slightest degree, demands either the judicious use of prisms or operative procedure (graduated tenotomies of the opposing muscle). Finally, it should be understood, at least by members of the profession, that, although our eyes are not in so safe a state as during past ages, the great increase in the number of glasses worn must not be regarded as an evidence of modern degeneration of the eyes, but rather that a long-felt necessity has been met.

1537 CHESTNUT STREET.

LA GRIPPE.

BY HORATIO R. BIGELOW, M.D.

DURING the winter of 1890 my wife and myself were living in Rome. Rumors of a mysterious epidemic that was broadcast over Russia had come to us through the German and Italian papers, but as none of our immediate household were sufferers, little attention was given to the reports. One day my wife complained of many wondrous, anomalous pains, of pain in the neck, and of general weakness. Then came a dry, hacking cough, coupled with swelling of the cervical lymph-glands. I was puzzled. Was it lymphadenitis? I treated her upon general principles, and, of course, she got no better. A few days after, I found that I had barely strength enough to mount the slight incline of the Via Nazzionale, which takes one to the Santa Maria Maggiore, that wonderful double basilica, opposite to which we were living. Toward evening I had a chill and a cough. Two others of our pension, one a distinguished Belgian artist, were similarly affected. Then it flashed across me it was la grippe. We dosed ourselves all around with powders containing antipyrin, 5 grains, bicarb. soda, 2½ grains. This rid us of headache and fever, but the miserable prostration remained. I saw the English and American druggist on the Piazza d'Espagna. He told me of many cases in Rome, and advised me to try the pil. chalybeate. co. of William R. Warner & Co. I bought a lot. I dosed the household in true allopathic style, and we all improved rapidly. During the winter, just over, some of our friends who were living in the same hotel with us in Philadelphia, also made acquaintance with this ubiquitous disease. I found that this same company were making an effervescing mixture of antipyrin and salicylate of soda,—an antalgic saline. I prescribed it, and the results were most flattering. I followed this recipe up with the chalybeate pills, and received the benediction of my friends for such speedy recoveries.

This treatment is founded upon the most scientific investigations of modern times, and is one which will commend itself to every

physician. Stop the grippe before it gets well to work and the physician will receive a widespread advertisement for his magical power. What is the *modus operandi?* Why, simply this: The iron is assimilable and increases the red coloring matter of the blood, and hence sends more oxygen to the centres calling for it, since the red corpuscles are the oxygen-carriers of the blood. This, of course, stimulates the heart. The nux vomica, which is combined with it, is a direct nerve-stimulant, and also regulates the amount of blood sent to the centres by contracting or dilating the lumen of the arterioles by acting upon the vasomotor system. Antipyrin is a recognized antipyretic and antineuralgic. It is well to examine the heart before prescribing antipyrin.

AN ODD ACCOMPLISHMENT.

By ISAAC BARTON, M.D.,
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A. C., aged 26, presented himself to me complaining of a sore mouth and throat. He had contracted syphilis some six or eight months ago, for which he had been treated. Of late he had suffered with his throat for ten days before seeking medical advice. On making an examination, I found an ulceration on the left tonsil, the size of a ten-cent silver piece, and a smaller ulceration on the arch of the same side.

These ulcerations were characteristic in their destruction, and were extremely painful to the patient. I examined his nasal passages, as well as his larynx, and found no further evidence of the disease. The pharyngeal muscles were well developed, and the vault of the pharynx was unusually spacious. I found the cervical glands on the same side (left) considerably enlarged. After making a local application of the acid nitrate of mercury in distilled water (1 to 10) to the affected parts, I placed him on the internal use of hydrarg. bichlor., gr. $\frac{1}{12}$, and potass. iod., gr. x., t. d.

The man continued to come to me every day for four or five days, during which time he was gradually getting better, the pain disappearing and the ulceration showing a disposition to heal. One day he said to me, "Doctor, see what I can do with my tongue," and he opened his mouth, and, to my astonishment, his tongue curled upon itself, the tip going beneath the palate and gradually disappearing into the post-nasal space. This he did quite a number of times for me, and he could leave almost the entire tongue remain in the position described, at the same time keeping his mouth open. He then told me that the annoyance of the trouble made his tongue constantly seek the ulcer until he found he could touch his palate, and in a few days he could put the tip of his tongue behind the palate. In this way he practiced with his tongue until he gained the result given. This is the second case of the kind I have seen, the first being in the clinic of the Jefferson Medical Hospital some years ago.

In conclusion, I will say that I get the best results (medical) in these cases from the treatment given, this patient being cured in about a week. The local application should be held for a moment in contact with the ulcer, and not brushed upon it, as is too often done.

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ABSTRACTS.

Pharyngeal Gout.—Dr. Vaton (*Gazette des Sciences Médicales de Bordeaux*, December 21, 1890), called to a patient suffering from an attack of dyspnœa, found an enormous œdematous swelling of the soft palate and its pillars. The man was subject to gravel, his joints were deformed by chalky deposits, and he had already sustained several paroxysms of gout. Dr. Vaton had no hesitation in making a diagnosis of gouty angina, and prescribed gargles of chlorate of potassium and sinapisms, with Vichy water in abundance. Suffocation persisting, it was necessary to retrench the uvula and apply leeches. The swelling disappeared abruptly some days later, when the great toe became swollen and a severe fit of gout ensued.—*Revue de Laryngologie, etc.*, March 1, 1891.

Cold Enemata in Icterus.—Krull recommends injections of cold water in simple catarrhal jaundice. On the first day 1 to 2 litres (1¾ to 3½ pints) of water, at 12° R. (59° F.), are injected, and on succeeding days the temperature is gradually raised to 18° R. (72.5° F.). The appetite improves from the first, the hepatic and epigastric sensibility are next relieved, and the strength increases. According to Chauffard, who intro-

duced this method into France, it should succeed in four to six days in recent cases or those of some weeks' duration. The removal of the obstruction is accompanied and followed by polyuria, with increased excretion of urea. These cold injections act by provoking intestinal peristalsis. Among other writers who have confirmed the value of this treatment may be mentioned Lowenthal, Eichhorst, and Pregadino.—*La Gazette Médicale de Montréal*, February, 1891.

Herpetic Angina and Bucco Pharyngeal Zona.—Dr. B. Pouzin (*Thèse de Paris*, 1890). The author has observed 2 cases of herpetic angina with vesicular lesions which correspond in situation to the course of various mucous and cutaneous branches of the trifacial nerve. He has made a study of this affection and its relation to zona. After describing herpes in general, he passes to a consideration of herpetic angina and its symptoms. M. Pouzin cites certain authors, in addition to M. Ollivier, who maintain the identity of some cases of herpes with zoster, and states the analogies upon which their opinion is based, as well as the objections by which it is opposed. These objections—the rarity of multiple zonas, the frequent absence of neuralgic pains in herpes, the unicity and lack of tendency in herpes zoster to relapse—are combated by the writer. After adverting to the numerous analogies between certain herpetic anginas and certain zonas, he does not hesitate to regard his cases, with M. Ollivier, as trigeminal zonas. The treatment consists, at first, of emollient gargles, followed by painting with a solution of 1 part of caustic soda to 10 parts of glycerin. As regards the general condition, sedatives are administered and an emeto-cathartic or purgative, if marked gastric disorder exists.—*Revue de Laryngologie, etc.*, March 1, 1891.

Subcutaneous Injection of Caffeine in the Treatment of Puerperal Hæmorrhage.—Dr. Misrachi recommends (*Revue de Thérapeutique Médico-Chirurgicale*, 1890, No. 23) the injection of caffeine in cases of post-partum hæmorrhage, especially if the patient has bled before the arrival of the physician. He believes that it acts more rapidly than ergot and produces a better result than ether, though the latter is a quicker stimulant. The caffeine is given hypodermatically in solution. Each injection contains 20 centigrammes (3 grains) of caffeine and three or four successive injections are made, making a total of 80 centigrammes (12 grains) of caffeine administered. The addition of benzoate of sodium facilitates solution of the caffeine.—*La Gazette Médicale de Montréal*, February, 1891.

The Acid Salts of Cantharidine in the Treatment of Laryngeal Tuberculosis.—This was the subject of a recent communication by Professor Oscar Liebreich to the Berlin Medical Society. The speaker remarked that cantharides was employed by the Ancients and is mentioned by Hippocrates and Pliny. Nevertheless, it gradually fell into disuse, on account of the accidents produced by its internal administration. But in consulting medical literature we find, for the most part by the old French physicians of the Hôpital Saint-Louis, observations which demonstrate the curative action of cantharidine. Alpheus Cazenave praises it very highly, and reports, among other cases, one of psoriasis cured by the tincture of cantharides in daily doses of 20 drops. Hufeland recommends the use of tincture of cantharides in pulmonary affections, in which he states that he has witnessed excellent results.

The tincture, however, is subject to the great disadvantage of not possessing a constant composition. The insects from which it is made do not contain an equal proportion of the active principle, and the difference varies from 0.3 to 0.6 per cent. Consequently, in order to be always sure of the effect of this substance, we should only employ its active principle, isolated by Robiquet, and known under the name of cantharidine. The toxic properties of cantharidine are universally known, as well as its special action upon the genito-urinary apparatus. It is enough to recall here the remarkable researches of M. Cornil, who has demonstrated that cantharidine provokes the formation of a cellular exudation. Aufrecht has shown that in animals subjected to repeated injections of cantharidine in almost toxic doses, nephritis is excited, and results in contracted kidneys. On the other hand, M. Hansemann has demonstrated that when rabbits are killed by the injection of cantharidine, a non-coagulable exudate, devoid of cellular elements, is

found in the capsules of Bowman. Death is caused by paralysis of respiration. At the autopsy the lungs are not, strictly speaking, œdematous, but are in all cases of increased consistency. These facts prove that, even when taken in lethal dose, cantharidine does not occasion inflammatory phenomena such as are seen upon the skin, but gives rise to a pathological process on the part of the capillaries,—a process which determines serous transudation. This transudation is the characteristic phenomenon of the action of cantharidine, and takes place as well from the capillaries of the lungs as from those of Bowman's capsules. But the transudation is less marked in the lungs than in the kidneys. If the capillaries of the two organs were exchanged cantharadine would oppose respiration, but leave diuresis intact; for the capillaries do not react with the same energy in all parts of the body. Without seeking the explanation of this fact, we may, nevertheless, suppose that irritated and inflamed capillaries will react more powerfully than healthy vessels. We may, therefore, be able to administer a dose of cantharidine which shall be without action upon healthy capillaries, but excite a transudation of serum around diseased capillaries. Now, this transudation is far from being indifferent to the tissues. The serum may serve to revive the extinct or enfeebled cellular activity. Furthermore, as Büchner has proven, the serum of the blood, whether from the dog or human being, possesses bactericidal properties. Hence it follows that by means of cantharidine we may be able to produce a transudation of serum in parts attacked by a pathological process.

After having arrived at the conviction that cantharidine, in the form of a cantharidate of potassium, is not dangerous in a small dose, this substance was first tried upon several patients of the Augusta Hospital in the services of Professor Ewald and Dr. Gumlich. Subsequently experiments were made upon patients of Professor Hahn, Dr. Bode, and others.

The first injections were made in the dose of $\frac{1}{50}$ milligramme, and by gradually increasing the dose it was readily found that 6 decimilligrammes constituted a maximum dose. In practice it has never been found necessary to go beyond 1 to 2 decimilligrammes.

Professor Liebreich did not intend to speak at the time of the good results obtained in tubercular laryngitis from subcutaneous injections of cantharadine. Amelioration was manifest after the second injection. Further researches can only show whether the serous transudation attacks the actual cause of the malady, and whether the method can be applied to affections other than tuberculosis. So far as they have been practiced, these injections of cantharadine have had no effect upon the kidneys. They are formally contra-indicated in all cases of pre-existing nephritis.

M. Heymann has subjected 27 patients of his polyclinic to the treatment proposed by M. Liebreich. Of this number, in only 17 has the method been followed a sufficient time to justify any conclusion. These 17 cases comprise 11 of tubercular laryngitis and 6 of chronic catarrhal laryngitis. All the cases of tubercular laryngitis were grave and complicated with pulmonary tuberculosis. The diagnosis, except in 1 case, was confirmed by the presence of bacilli in the sputum. The dose injected varied from 0.0001 to 0.0004 gramme of cantharidine, being in most cases 0.0002 gramme. The injection was made between the scapulæ. The patient made no change in his habits of life, and continued to follow his occupation. The injections were well borne by all the patients.

Local reaction at the point of injection was almost wanting, there being merely a little pain, which rapidly disappeared, and no general trouble. Two patients complained after the first injection of a little headache and vertigo. Several times a slight diarrhœa occurred. This yielded to opium and did not prevent continuance of the treatment. A few patients suffered from slight dysuria. In one case hæmaturia was observed, but in none was albuminuria excited. In tubercular laryngitis the result of the injections was surprising. Redness disappeared, infiltration lessened, the granulations flattened and paled, the ulcers cleaned and decreased in size. One series of ulcers was actually entirely healed, and another is in process of cicatrization. The œdematous swelling of the arytenoid cartilages disappeared, the vocal cords became mobile, and the voice, which had been almost lost, was regained. At the same time, in many cases the pulmonary condition was manifestly improved. The pathological sounds diminished in frequency and intensity, and finally vanished. The expectoration grew more fluid, more easy, and

less frequent, the cough more rare. In nearly all the cases the night-sweats have disappeared and the general condition is notably ameliorated, although there has been no modification in the number and structure of the bacilli. Of the 6 cases of chronic laryngitis, in most of which ulcers were present, 5 were notably improved within a brief period of time. In 1 case the injections were without result.

M. B. Fraenkel had made injections of cantharidate of potassium in 15 cases of tubercular laryngitis so grave that he had not dared to treat them by means of Koch's lymph. Among the first 5 patients treated by Liebreich's method the improvement was remarkable, and corresponded to the facts stated by M. Heymann. At the same time there were present in these cases phenomena not mentioned by M. Heymann. He had observed strangury, vesical tenesmus, and hæmaturia a number of times. Once a very slight albuminuria occurred, but disappeared in a few hours. As to the bacilli, in the rapid process of coloration which he employed, they seemed to stain more slowly and some did not stain at all.

M. Guttmann reported 1 case in which Liebreich's injections seemed to have exercised a very favorable influence upon the absorption of granulations in a case of trachoma. The injections were made on account of a laryngitis, from which the patient also suffered.—*La Tribune Médicale*, March 12, 1891.

Balsam of Copaiba as a Diuretic.—In 9 patients suffering from ascites and general dropsy (mitral insufficiency, 4 cases; aortic insufficiency, 1; cirrhosis of the liver, 3; abdominal tumor, 1), Prof. J. Obolonsky, of Moscow, succeeded in obtaining an abundant and persistent diuresis by the administration of 1.25 gramme to 2.50 grammes (20 to 38 grains) of balsam of copaiba in emulsion. In 8 of these cases copaiba acted as a more powerful diuretic than digitalis, convallaria, adonis vernalis, corn-silk, or sparteine. This effect of copaiba was very rapidly manifested. The amount of urine excreted was often doubled within twenty-four hours, and the increase persisted, or, at least, did not vary during the continuance of the treatment, which was from two to three weeks. The medicine was comparatively well borne. In some patients it produced eructations, frequent desire to urinate, colic, and liquid stools. But all these troubles were moderate, did not require suspension of the drug, and were trivial in comparison to certain accidents occasioned by digitalis, calomel, adonis vernalis, and convallaria. No deleterious influence was observed except in 1 case of mitral insufficiency, in which some red blood-corpuscles appeared in the urine. Finally, according to M. Obolonsky, balsam of copaiba should be considered as a good diuretic, very advisable in dropsies of cardiac or hepatic origin. Its action probably depends upon the dilatation of the renal vessels which it produces.—*La Gazette Médicale de Montréal*, March, 1891.

Tonic Action of Caffeine.—M. H. Huchard testifies to the tonic and stimulant effect of caffeine in heart disease. In reality, it acts as a general tonic, a heart tonic, and diuretic. It is indicated in diabetes, in grave pneumonia of the aged, and in all adynamic cases.—*La Gazette Médicale de Montréal*, March, 1891.

Purpura Simplex Catamenialis.—Dr. E. Morin describes the case of a woman, 33 years of age, who for ten years has experienced an eruption upon the extremities at the time of her menstrual periods. The rash occurred in the form of red spots from the size of a pin's head to that of a franc piece. These grew darker, then became yellow, and vanished. The eruption first appeared upon re-establishment of the menses after her last confinement. It usually preceded menstruation by two or three days. The affection reaches its height in twenty-four hours, and by the end of eight or ten days has disappeared. The attack is accompanied by formication, smarting, etc., and at the same time there is fatigue, with pain in the joints. Attacks are more severe in winter than in summer. In other respects the patient is healthy. She has never suffered from nose-bleed or any other hæmorrhage which might suggest the hæmorrhagic diathesis, nor has she ever had jaundice. No diathesis exists in her family, particularly no tendency to rheumatism, and she herself has never had rheumatism. She has a strong constitution and a bright, florid color from varicose dilatation of the veins of the face. The spots upon the extremities vary from the liveliest red to dark yellow, the latter indicating the older extravasations. This catamenial purpura is to be

regarded as a partial deviation of the menstrual flux, a true supplementary menstruation. Therapeutically, a warm climate is indicated and remedies to reduce the nervous overexcitability, as belladonna, quinine, cauterization over the spine, etc.—*Deutsche Med. Zeitung*, March 23, 1891.

THE HYPODERMATIC INJECTION OF OXYGEN.—Dr. Francesco Valenzuela, physician to the Provincial Hospital, Madrid, has just published in El Siglo Médico a paper on new methods of administering oxygen, with especial reference to the treatment of senile pneumonia. Believing that oxygen inhaled in dyspnœa fails frequently to relieve because it does not come in contact with a sufficiently large vascular surface, he began administering the gas per rectum and also hypodermatically. In every case in which the oxygen enema was given the dyspnœa was relieved in a decided and permanent manner. The ease and rapidity with which the gas was absorbed by the intestine were very remarkable. Oxygen, indeed, appeared to be as rapidly taken up by the intestine as by the lungs, four injections of 5 litres each being absorbed in an hour, thus proving the intestinal mucous membrane to be capable of serving as a most valuable adjunct to that of the lungs. In employing oxygen hypodermatically, Dr. Valenzuela believes it to be important to introduce the gas in its nascent state. The situation selected for the puneture was the arm, and the quantity of gas introduced varied from half a litre to a litre. Cellular emphysema was, of course, produced, and a sensation of heat was complained of, but both disappeared entirely in the course of a few hours. There was no calmative action or slowing of the respiration, but there was a marked stimulating action on the heart, such as is indicated in the collapse that follows pneumonia or fevers of a typhoid character, also in cerebral congestion and asphyxia. No indication is given of the temperature at which the oxygen is introduced,—a point which, according to Dr. B. W. Richardson, is of great importance. Perhaps the Spanish observer, who does not appear to be aware of Dr. Richardson's work, is mistaken in ascribing the advantage gained by using oxygen prepared *ad hoc* to its being nascent, whereas it is probably due to the temperature being high. It will be noted that Dr. Valenzuela confirms Dr. Richardson's statement that oxygen is relaxant and eliminative.—*The Lancet; Amer. Practitioner and News*, Feb. 28, 1891.

A CLINICAL NOTE ON THE SOPORIFIC ACTION OF MERCURY.—I am not aware that the above action of mercury in the class of cases I am about to describe has yet been recorded. No doubt the fact is known to many of you, yet it does not appear to me to be so generally, and that is my reason for bringing the subject forward at this meeting.

The cases in which I have found the blue pill—for this is the form of mercury I am referring to—give such good soporific effects are rather difficult to describe, and must be given in a more or less general way. Many men would call them cases of biliousness, and for want of a better term I am content to use it. The patients are generally over 40, complaining of lassitude, loss of appetite, a general fullness of the abdomen, pains in the shoulder-joints; tongue generally of a whitish-brown color; a nasty taste in the mouth; eyes are rather "thick;" a want of clearness of thought: more or less dull pain in the head, not confined to any one particular spot; irritability of the skin, and, above all, sleeplessness at night. There may be many more symptoms and signs than the above, or few of them may be present; but, when the symptom of sleeplessness is prominently complained of, it is here that we find the soporific action of blue pill followed by saline draughts peculiarly brought out. Now, the symptoms detailed are principally those found under the head of bilious dyspepsia, but there is this important clinical difference: whereas sex, richness of food, and want of exercise play important parts in producing the above form of dyspepsia, the cases that I have in mind are found as often, if not more so, in women, and where the plainest diet and moderate exercise have been taken.

There is a little doubt that the sea-air has something to do with the above state of health; people who have come down to the sea side after a long residence inland frequently develop, after a few days' sojourn, all the aforementioned symptoms. I believe that we who practice in sea-side resorts would less often be called upon to prescribe for this condition were a little mercurial taken immediately by the patient on his arrival, but, perhaps, on the whole this had better be left in our hands.

Again, I do not associate these cases with

those which are commonly called "lithæmia," or the substitution of uric acid for urea as the final product of disintegration of albuminous substances within the body; under this last condition you obtain the more remote symptoms of gout.

What is the exact action of the mercury which brings about the above happy result I do not know, nor am I anxious to speculate or propose theories. Murchison supposed that it possessed a double action, for, whether or not the secretion of bile was increased, there was certainly more bile passed when mercury was being taken; thus an eliminating action was brought about, so that less of the bile constituents were absorbed from the intestines than usually. Again, he supposes that in some way or other the albumen is more thoroughly disintegrated. But what is important for us to know is the use of a drug which will enable you to give your patient a good night, whilst at the same time you are treating the root of the disease, and apparently not giving ordinary soporific drugs.

It is needless for me to use any padding to this paper in the way of quotation of cases; they would be uninteresting and wearisome, and the title of my paper does not admit of it. —Dr. W. J. Tyson, of Folkestone, Eng., in *British Med. Journal*, January 31, 1891.

THERAPEUTIC NOTES.

NEW ADDITIONS TO REMEDIAL AGENTS.

Among some new and convenient medicaments Parke, Davis & Co. announce are Mosquera's Beef Peptone, Malt Extract with Peptone, and Urethral Bougies of Aristol.

Mosquera's Beef Peptone is entirely free from the bitterness of the pepsin peptones, possessing an agreeable, sweet taste.

Nutrition plays so important a part in modern therapeutics that any additions to eligible methods of nutrition are welcome. Malt extract with peptone makes an easily assimilable, highly nutritious combination of malt.

Aristol is regarded by many as quite as efficient as iodoform in its antiseptic action, and it possesses the special advantage of being entirely free from odor. The aristol bougies should find a wide application in the antiseptic treatment of the urethra. Aristol is a substitute product of thymol, obtained by mixing a solution of iodine in iodide of potassium with an alkaline thymol solution.

The following formulæ from Kaposi's clinic are taken from a private communication to the editor from Dr. McMurray, of Sydney, Australia, now (or until recently) sojourning in Vienna:—

SEBORRHŒA.

℞ Ol. olivæ, ... 50.0
Bal. Peru, ... 1.0
M. fiat pomatum.

℞ Ung. emoll., . . . 25.0
Zinci oxid., ... 0.5
Ol. baccæ lauri, . . . 8.5
M. fiat unguent.

SEBORRHŒA OF HEAD.

℞ Acid. boracic., . . . 3.0
Glycerin., ... 1.5
Spt. vini gall., . . . 100.0
Tr. benzoin., . . . 2.0
M. Apply night and morning.

URTICARIA.

℞ Aconitin., ... 1.0
Spt. lavand., . . . 100.0
Spt. vini gall., . . . 150.0
Æth. sulph., . . . 2.5
M. Apply by brush to surface.

Or—

℞ Menthol., ... 5.0
Glycerin., ... 5.0
Spt. vini rect., . . . 200.0
Tr. benzoin., . . . 3.0
M. As above.

ECZEMA, ACUTE.

℞ Acid. thymic., . . . 1.0
Aq. dest., ... 1000.0
M. As a lotion.

Gelatin Paste.

℞ Zinci. ox., ... 10.0
Gelatin Anglic., . . . 20.0
Glycerin., ... 20.0
Aq. dest., ... 40.0
M. Warm in water-bath and brush on.

ECZEMA SCROTI, WITH ITCHING.

℞ Cocain. oleinic., . . 0.4
Lanolin., ... 18.0
Ol. olivæ, ... 2.0
M. Use as salve.

ERYTHEMA.

℞ Acid. salicylic., . . . 1.0
Spt. vini gall., . . . 200.0
M. Brush on the affected surface.

HYPERIDROSIS.

℞ Ext. aconiti, . . . 1.0
Spt. vin. gallici, . . . 200.0
M. Brush on.

Or—

℞ Naphthol., ... 10.0
Spt. vini gall., . . . 175.0
Spt. odorat., . . . 25.0
M. Wash affected part.

Or use dusting-powder, as—

℞ Acid. salicylic., . . . 2.0
Amyl. pur., . . . 50.0—M.

℞ Naphthol., ... 5.0
Amyl., ... 50.0—M.

Internally:—

℞ Agaricin., ... 0.02
Sacch. alb., . . . 2.00
M. Divide in chart. no. x.
Sig.: One three times daily.

℞ Atropin. sulph., . . . 0.01
Tragacanth., . . . 1.50
Glycerin,
Pulv. glycyrrh., . . āā q. s.
M. et ft. pil. no. xx.
Sig.: One pill night and morning.

HERPES ZOSTER.

Cocain. oleat., . . . 0.2
Ung. simpl., . . . 20.0—M.

Or—

℞ Ext. opii aq., . . . 0.5
Ung. simpl., . . . 50.0

EXUBERANT GRANULATIONS.

℞ Argent. nit., . . 0.15–0.5
Ung. emoll., . . . 50.0
M. Apply as an ointment.

CHILBLAINS (PERNIO).

℞ Collodii pur., . . . 20.0
Ol. ricini, ... 1.0
Tr. iod., ... 0.2
M. Pencil in.

Or—

℞ Acid. boracic., . . . 4.0
Creasoti, ... 1.0
Ung. simpl., . . . 40.0—M.

ACNE VARIOLIFORMIS.

℞ Hyd. amm., . . . 5.0
Ung. simpl., . . . 50.0
M. Cover with powder.

ACNE ROSACEÆ.

℞ Sodii bicarb., . . . 10.0
Sodii phos., ... 10.0
Mag. carb., ... 10.0
Sacch. alb., ... 15.0
Elaœacchæ maidis, . . 15.0
M. Coffeespoonful three times daily.

CHLOASMA.

℞ Acid. boric., . . . 5.0
Cer. alb., ... 5.0
Paraffin., ... 10.0
Ol. amyg., ... 30.0
M. et adde
Ol. rosæ,
Ol. rosaceæ, . . āā gtt. iij.

CHILBLAINS (PERNIO).

℞ Camphor., ... 0.5
Cer. alb., ... 20.0
Ol. lini, ... 40.0
Bal. Peruv., . . . 0.75
M. fiat ungt.

PSORIASIS.

℞ Ung. pyrogallic., . . 10 p. c.

Or—

Gelatin. alb., . . . 50
Aq. dest., ... 100
Chrysarobin., . . . 10

M. Warm in water-bath and brush the affected spots. (Chrysarobin-gelatin paste.)

Or—

℞ Anthrarobin., . . . 10
Traumaticin., . . . 100
M. Pencil in.

Or—

℞ Hydroxylamin., . . . 0.5–2.5
Ung. simpl., . . . 50.0
M. Use as a salve.

ARISTOL AGAINST LARGE ULCERS OF THE LEG.

Séguier wipes off with a corrosive-sublimate solution (1 to 1000) and dries. Then equal parts of boric acid and aristol are sprinkled on in powdered form and covered with borated lint. The amount of boric acid is gradually diminished, until at last aristol alone is used. Many ulcers of the leg were thus healed.—*La Médecine Moderne*, 1890, No. 41.

ARISTOL IN THE FIRST RANK TO CAUSE CICATRIZATION.

Séguier, in publishing his clinical studies about aristol, states that he considers the new drug of immense value as a means to produce cicatricial tissue in ulcerations of the skin, especially those due to lupus, to a tubercular diathesis, to epithelioma, to specific infection, and also in simple ulcers of the leg. The author also mentions the fact that of all the preparations of iodine and thymol in the market, aristol is the only one not adulterated with iodide of potassium.—*Thèse de Paris*, July, 1890.

ROTTER'S ANTISEPTIC.

℞ Zinc chloride,
Zinc sulpho-carbolate, āā 3.00 grms. (45 gr.)
Boracic acid, . . . 1.80 grms. (27 gr.)
Sodium chloride, . . 0.15 grm. (2½ gr.)
Salicylic acid, . . . 0.33 grm. (6 gr.)
Citric acid,
Thymol, ... āā 0.06 grm. (1 gr.)
Water, . . . 473.12 c.cm. (1 pt.)

M. This solution is used for compresses, irrigation of wounds, etc., in surgery.—*Merck's Bulletin; Jour. Amer. Med. Asso.*, Mar. 14, 1891.

TO REMOVE THE PIGMENTATIONS OF PREGNANCY.

In the *Journal de Médecine de Paris*, January 4, 1891, the following ointment is recommended to be rubbed into the affected parts twice daily to remove the pigmentations which so often disfigure pregnant women:—

℞ Cocoa-butter,
Castor-oil, . . . āā ʒii¼.
Oxide of zinc, . . . gr. v.
Yellow oxide of mercury, . gr. ij.
Essence of roses, enough to perfume.

PREPARATION OF SACCHARIN.

℞ Saccharin, ... 150 gr.
Bicarbonate of soda, . . 75 gr.
Distilled water, . . . Oij.

One part of this solution is equal to two and a half times as much sugar.—*Nouveaux Remèdes; Jour. Am. Med. Asso.*, Mar. 14, 1891.

GLEET.

In four years I have treated 50 cases of inveterate gleet, with most satisfactory results, by the introduction into the urethra of Beniqué's duly curved tin bougies, anointed with either Unna's salve:—

℞ Ol. cacao, ... gr. xv.
Ceræ flavæ, . . . gr. xxx–lxxv.
Bals. Peruv., ... gr. xxx.
Argenti nitratis, . . gr. xv.
M. ft. ung.
Or Sperling's:—
℞ Lanolini, ... ʒv.
Ceræ albæ, ... ʒj.
Argenti nitratis, . . . gr. iss–ivss.
M. ft. ung.

—Szadek, *Atlanta M. and S. Jour.; Times and Register*, April 11, 1891.

SALOL AS AN ANTISEPTIC IN CANCER OF THE UTERUS.

Of the symptoms characterizing cancer of the uterus in its later stages, more especially when it is complicated by a vesico-vaginal fistula, none is more trying to the poor sufferer than the repulsive odor proceeding from the diseased surface. The palliative means in ordinary use, such as injections of carbolic lotion, sublimate and iodized solutions, vaginal suppositories of iodoform, etc., are only partially successful in mitigating the fœtor which renders the last days of the patient a veritable martyrdom to herself and to her *entourage*. In salol, administered internally, in daily doses of from 2 to 4 grammes (increased if need be to 6 or 8 grammes, and continued uninterruptedly for a long time), Dr. Marty, of Toulouse, claims to have discovered a sovereign remedy for this state of things, provided there be a communication between the vagina and the bladder. The urine, flowing constantly over the diseased tissues and impregnated with the products of the decomposition of the salol—viz., a phenyl-sulphate and salicylic acid—keeps the parts sweet, and its action adds greatly to the comfort of the patient.—*Times and Register*, April 11, 1891.

TINCTURA HÆMOSTYPTICA.

Fritsch (*Therapeut. Monatshefte*, January, 1891) states that in common with all gynæcologists he uses ergot frequently in his gynæcological work. In obstetrical practice he rarely has occasion to employ it. For a long time he gave the drug in pill form, as follows:—

℞ Powder of ergot, ... gr. lxxx.
Tragacanth, . . . q. s.
Make 60 pills. Take 10 pills daily.

In practice among poor patients this is a desirable form on account of its cheapness. For more prompt action he uses the following prescription:—

℞ Powdered ergot, . . . ʒx.
Alcohol, ... ʒxx.
Sulphuric acid, . . . ʒij.
Warm water, . . . Oiv.
Digest to . . . . Oiss.
Filter and add syrup of cinnamon, ... ʒiv.
Take 2 tablespoonfuls three times daily.

This preparation of ergot, though very effective, will disagree with the stomach, and cannot be taken continuously.

Fritsch then advises the use of Denzel's ergotine in the following combination:—

℞ Ergotine (Denzel),
Powdered ergot, . . . āā gr. lxxx.
Make 100 pills.
Take 6 pills daily.

In this way ergot may be given with excellent effect for a long while. In cases of menorrhagia the following is advised :—

℞ Dried extract of hydrastis Canadensis,
Dried ext. of gossypium,
Ergotine (Denzel), . āā gr. lxxx.
Make 100 pills.
Take 3 pills three times a day.

In the form of suppositories ergot seems to be of little value. A tincture may be made on the plan of the decoction given above, of such strength that 1 drachm will contain 8 grains of ergot. Of this 2 tablespoonfuls may be given daily. Fritsch calls this *tinctura hæmostyptica*. This tincture is very effective, especially in menorrhagia after labor, at the climacteric, and in profuse menstruation of the very young. This remedy should always be tried before any operative measures are undertaken for the relief of menorrhagia.—*University Med. Magazine*, March, 1891.

TREATMENT OF SYPHILITIC ULCERATIONS.

Plumert gives the following applications for ulcers of syphilitic origin :—

℞ Mercury salicylate, . . gr. xv.
Potassium carbonate, . . gr. xv.
Distilled water, . . . ʒvj.
M. Sig.: Dissolve. Wet compresses with this solution and apply to the ulcerations.

If an ointment is preferred, recurrence may be had to the following :—

℞ Mercury salicylate, . . gr. xvj.
Vaseline, ... ʒj.
M. and make a pomade.—*Bacteriological World ; Jour. Am. Med. Assoc.*, March 21, 1891.

INHALATION IN WHOOPING-COUGH.

℞ Thymolis, ... gr. xx.
Acid. carbolici,
Ol. sassafragis,
Ol. eucalypti,
Picis liquidæ,
Ol. terebinthinæ, . āā fʒij.
Ætheris, ... fʒiv.
Alcoholis, . . q. s. ad fʒiij.
M. Put about 30 drops upon a pad of such a size as to be conveniently hung around the child's neck, renewing the application every two or three hours.

In severe cases the inhalation treatment is supplemented by the internal administration of—

℞ Acid. carbolici, . . . gr. iij.
Sodii bromidi, . . . gr. j.
Tinct. belladonnæ, . . gtt. xx.
Glycerini, ... fʒiij.
Aquæ, . . . q. s. ad fʒij.
M. Sig.: Teaspoonful for a child three or four years of age, occasionally.—DR. BEALL, *Daniel's Med. Journ.; Journ. Am. Med. Assoc.*, Feb. 14, 1891.

TÆNIA.

Thomson speaks highly of the following :—

℞ Chloroformi, . . . fʒj.
Syrup. simp., ... fʒj–ɱxl.
M. Sig.: Take in three equal doses at 7 A.M., 9 A.M., and 11 A.M. At midday give fʒj of castor-oil.—*Le Courier Médical*, March 15, 1890.

Another combination is :—

℞ Flor. Koosso, . . . ʒiiss–iv.
Ext. filic. mar. æth., . . fʒiss–ij.
Aquæ destillat., . . . fʒiij.
M. Sig.: Take in three portions half hourly.—*Kinder-Arzt*, April, 1890.

After a light diet the evening before, give the following on an empty stomach :—

℞ Ol. tiglii, ... gtt. j.
Chloroform. purif., . . fʒj.
Glycerin., ... fʒj fʒij.
M. Sig.: Take in two doses, half an hour apart.—*Pharmaz. Zeit*, 45, 1890 ; *Journ. Amer. Med. Assoc.*, March 28, 1891.

SUMMER DIARRHŒA.

The following is recommended :—

℞ Resorcin., ... gr. iss–iij.
Infus. chamomil., . . fʒij.
Tr. opii, ... gtt. ij.
Tr. cascarill., . . . gtt. xv.
M. Sig.: Teaspoonful every two hours.—*Kinder-Arzt*, April, 1890.

Critzmann employs the following :—

℞ Bismuth. salicylat., . . gr. xv–ʒss.
Tinct. opii, ... gtt. i–v.
Infus. theæ, . . . fʒij.
Syrup. rubi, . . . fʒv.
Rum, ... fʒiv–v.—M
—*Journ. Amer. Med. Assoc.*, March 28, 1891.

ASTHMA.

℞ Tinct. stramonii, . . . ʒij.
Tinct. lobeliæ æther, . . ʒj.
Potass. nit., ... ʒj.
Spt. æther. nit., . . . ʒss.
Tinct. aurant. recent., . . ʒss.
Aq. chlorof., . . . ʒvj.
M. Sig.: Take two tablespoonfuls at bedtime, and one tablespoonful if difficulty of breathing comes on.—*Journ. Amer. Med. Assoc.*, March 28, 1891.

IODIDE OF POTASSIUM IN URTICARIA.

Since urticaria is often associated with asthma, which is relieved by the iodide, Stern (Münchner Med. Wochenschr.) has prescribed with satisfactory results the same remedy in cases of acute, subacute, or chronic urticaria. Amelioration was rapid even when the cure was not complete.—*La Gazette Médicale de Montréal*, February, 1891.

TREATMENT OF DIPHTHERITIC ANGINA BY TOBACCO.

Dr. Schwitzer, of Neuhäusel, having observed that those who chew tobacco are insusceptible to infectious maladies of the throat, advises that in diphtheria the patches be painted with the following mixture:—

℞ Ext. of tobacco-juice, . 2 grammes.
Alcohol, . . . 40 grammes.

For adults he orders a gargle composed of—

℞ Tobacco-leaves, . . 2 grammes.

Infused in—

Boiling water, . . 200 grammes.

He claims to have applied this method with success in 60 cases.—*Revue de Laryngologie*, etc., March 15, 1891.

LOZENGES OF MERCURY AND CHLORATE OF POTASSIUM.

Dr. Créquy has used with decided success mercurial lozenges made according to the formula given below. They contain protiodide of mercury, chlorate and iodate of potassium. These lozenges are especially useful in cases of rebellious mucous patches of the mouth and tonsils. The formula is:—

℞ Protiodide of mercury, . 5 cgm.
Chlorate of potassium, . 20 "
Iodate of potassium, . 5 "
Chocolate, . . . q. s.

For 1 lozenge.

One or 2 are given each day, before meals.

It is, of course, necessary to watch the effect of the mercurial.—*La Tribune Médicale*, February 26, 1891.

TREATMENT OF TUBERCULOSIS BY HYPODERMATIC INJECTIONS OF GUAIACOL.

At a meeting of the Academy of Medicine, March 3, 1891, M. Picot stated that he treated tuberculosis, and tuberculous pleurisy in particular, by means of injections of a solution of iodoform and guaiacol in perfectly sterilized oil. The injections are not at all painful; they produce no swelling or local reaction; they give rise to no fever or digestive disturbances, and are absolutely inoffensive. The results obtained have been excellent. After ten injections cough ceased, expectoration nearly or entirely disappeared, the appetite improved, vigor and weight increased; the signs of tuberculous lesions vanished; even signs of cavities and cavernous râles disappeared. These injections are extremely efficacious in the treatment of pleurisy. The speaker had observed abundant pleuritic effusions undergo absorption in consequence.—*La Tribune Médicale*, March 5, 1891.

ANTIKAMNIA.

According to a note in the Pharmaceutische Rundschau for March, 1891, this antipyretic appears to be a mixture of two substances, viz., bicarbonate of sodium and acetanilid.

TASTELESS QUININE MIXTURE.

In order to overcome the bitter taste of quinine M. Lutz recommends:—

℞ Sulphate of quinine, . 0.50 grm.
Dilute sulphuric acid, 0.50 "
Essence of mint, . 5 drops.
Sat. sol. saccharin., 10 grms.
Distilled water, . 90 grms.

—*La Tribune Médicale*, February 26, 1891.

MOUTH-WASH FOR DIPHTHERIA.

Le Gendre employs a mixture thus composed:—

℞ Borate of sodium,
Chlorate of potass., āā 5.00 grm.
Carbolic acid, . . 0.25 grm.
Glycerin, . . . 10.00 grms.
Clarified honey, . . 30.00 grms.

Mix and dissolve. Apply by means of a camel-hair brush.

—*La Tribune Médicale*, February 26, 1891.

TREATMENT OF HÆMORRHOIDS.

The extreme difficulty experienced in dealing with prolapsed and engorged hæmorrhoids makes anything that will deal successfully with the symptoms, pain, itching, tenesmus, and contracture of the sphincter of great importance. An operation in many cases cannot be undertaken until these symptoms subside, or the patient will often not submit to radical procedures. Under these circumstances Alvin (La Semaine Médicale) recommends the application of sponge that is mounted upon a handle and dipped in very hot water (53° to 66° C.) to the anal region. This proceeding is repeated five or six times at each *séance*. He claims

that under this treatment all of the troublesome symptoms cease, the tumors are gradually reduced, and if the remedy is persisted with for some weeks the tumors finally disappear, and with this comes a sensible diminution of the anal contracture.—*Jour. Amer. Med. Assoc.; Amer. Practitioner and News*, January 31, 1891.

Dr. E. Pisko (Medical Record, January 3, 1891) reports the case of a child a year old, who had swallowed a 1-inch screw, but who was fed with potatoes in every form and bread dipped in milk, to the exclusion of liquid food, and on the fourth day, after being given a laxative, evacuated the screw enveloped in fæces. The potato cure was first experimented upon by Billroth, of Vienna, in whose clinic the writer had the opportunity of watching the cases of a cook who had swallowed a part of her set of artificial teeth, of a boy who had swallowed a weight of 20 grammes, and of a girl, aged 9, who had swallowed a sewing-needle,—in each with very flattering results. In 1886 he saw the following case in Albert's surgical clinic (Vienna): A boy, 6 years of age, who, two years previously, had swallowed a nail, which at that time was removed by gastrotomy, was brought there again with a nail, 6 centimetres long, in his stomach. This time the "potato cure," which had been introduced in the meantime, was used, with the result that on the ninth day the nail made its appearance *per vias naturales.—College and Clinical Record*, February, 1891.

LYSOL IN GYNÆCOLOGY.

Michelsen (Centralbl. f. Gynäkologie, January 3, 1891), Schottelius, Engler, and Simmonds have found, experimentally, that lysol is in many respects superior to all known antiseptic drugs; not the least of its advantages rests upon the facts that it is readily and permanently soluble in water, and that it will destroy bacteria of all kinds with certainty and safety.

Michelsen has found in his practice that the expectation aroused by these experimental investigations has been wholly fulfilled. At first he used the drug in the form of a 1-per-cent. solution as a wash for his hands and instruments. On trial it soon became evident that it could be substituted as an antiseptic for corrosive sublimate, carbolic acid, or iodoform, wherever these drugs were used; it is just as reliable and has none of the dangers incident to the use of these remedies.

In 28 cases of colporrhaphy, vesico vaginal fistulæ, and prolapse operations, union was obtained by first intention in all, and the sutures were removed in from eight to ten days. Severe bleeding after curetting the uterus was markedly diminished after the use of a 5-per-cent. solution.

In a series of forty-two minor operations there was in no case a rise of temperature or other sign of infection.

By immersing catgut in a 5-per-cent. solution for two hours it was rendered as hard and resistant as if it had been treated by alcohol or oil of juniper.

Five days after curetting a carcinomatous cervix and tamponing the wound with gauze dipped in a 5-per-cent. solution there was no odor, other than the slight smell of creasote, which is natural to lysol. Granulation of open wounds following its use is remarkably rapid.

In laparotomies a 1-per-cent. solution should be used for everything excepting for irrigating the peritoneal cavity; for this purpose a 0.3-per-cent. solution is sufficiently strong. In 12 cases of laparotomy, primary union of the incision was obtained in every case, and the patients were able to return to their homes in twenty days. No toxic effects were observed in any of these cases. The urine was unaltered in quantity or constitution.

The same advantages in the use of this drug have been noticed also in obstetrical practice; here a 0.3-per-cent. solution should be used. Not the least of the advantages of lysol is its cheapness.

The disadvantages of the drug are that its use renders instruments, ligatures, and hands very slippery; that it gives a slight burning sensation to the skin and mucous membranes, and renders the sense of touch in the fingers less acute. If instruments remain long immersed in the solution they become rough.—*University Med. Magazine*, March, 1891.

PANCROBILIN.

In a paper read before the North Central Ohio Medical Society, Dr. R. Harvey Reed, of Mansfield, says:—

"In this direction, however, we have another 'new remedy' which has gradually engrafted itself into my good graces, which is becoming more and more permanent the longer I use it. This is what is known as 'pancrobilin,' and it is a combination of pancreatin and bile, and placed upon the market in form of a liquid and

a pill, of which two I consider the latter preferable.

"In cases where there is a diminished quantity, or even an absence, of these natural products, especially the bile, resulting in the distressing complication of intestinal or duodenal indigestion, I have found this preparation of decided value by assisting the intestinal digestion until the normal functions of the liver and pancreas, but especially the former, could be established.

"In constipation attended with flatulence, the result of an inactive liver, I have found this remedy of great value, promptly relieving the flatulence and producing natural-colored stools of a normal consistency, in place of the pale, ash colored fæces, or the dry, hard scybala of the chronic dyspeptic."—*American Lancet.*

FACIAL ERYSIPELAS.*

Although it is well known that erysipelas of the face often arises from a point of infection inside the nose, it very often happens, as Lehrnbecher† has pointed out, that in the treatment of the disease little or no attention is given to the nasal cavity. It is sometimes wonderful what a mass of thick, bloody, bad-smelling pus can be washed out of the nostril. A nasal douche of 3-per-cent. boracic-acid solution should be given every three hours, until the cavity appears to be perfectly sterilized, after which, to prevent drying of the mucous membrane, tampons with boracic-acid ointment should be inserted. With these precautions the author has found that the duration and severity of the disease are much diminished. He applies nothing to the skin except cotton-batting or an oil compress.—*College and Clinical Record*, February, 1891.

ANOTHER REMEDY FOR PERSPIRING FEET.

The Medical Press says that Dr. Winogradoff recommends a 5- to 8-per-cent. solution of chloride of zinc as an application for the prevention of undue perspiration of the feet. He begins by ordering the feet to be well washed in tepid water, and then dabs on the solution, wiping off the surplus a few minutes later. The application is best made at night, and may require to be repeated a week later. It acts as a caustic, destroying the sudoriparous glands, and should never be used except by the medical man himself.—*Amer. Practitioner and News.*

* Boston Med. and Surg. Journal, December, 1890

† Münchener medicin. Wochenschrift, No. 37, 1890.

MALIC-ACID LOZENGES AS AN ANTICATARRHAL REMEDY.

Malic-acid lozenges have recently found considerable favor in England as a remedy for sore throat and bronchial cough. They are reported as efficient not only in excessive secretion of mucus and cough, but also in catarrhal conditions of the bowels and in hæmorrhoids.—*Med. Age*, March 10, 1891.

HUGHES, Kiernan, and Clevenger have found rectal injections of capsicum of value in opium poisoning.—*Medical Standard*, February, 1891.

VOMITING OF PREGNANCY.

The Journal de Médecine recommends the following for vomiting of pregnancy: Tr. iodine and chloroform, equal parts, 5 drops to be taken morning and evening, in a little water, with the repast.—*Journ. Am. Med. Assoc.*, March 21, 1891.

QUEBRACHO-BARK.

The first of a series of articles on botany and materia medica appears in the Bulletin of Pharmacy from the pen of Dr. H. H. Rusby, on "Aspidosperma Quebracho." It forms a useful summary of the dispersed literature concerning this plant, and contains an excellent illustration of the tree, and the leaves, flowers, fruit, and seeds. He remarks that no adequate physiological or clinical investigation has ever been accorded to the alkaloids obtained from the bark by Hesse, although it has been reported that aspidospermine, locally injected in ½-grain doses, frequently cures otherwise intractable cases of erysipelas.—*Pharm. Journ. and Transactions*, February 28, 1891.

PHENACETINE IN SCIATICA.

Sciatica is not only one of those affections which are extremely annoying and painful to the patient, but, on account of its persistency, often greatly tries the patience of the physician. At the clinic of Prof. Landon Carter Gray most benefit has, perhaps, been obtained from phenacetine, given, say, in tablets of 4 to 8 grains every three or four hours. There are a good many cases, however, which do not respond to it very markedly. Doubtless, too, there are many cases of sciatic neuritis, rheumatism, gout, etc., in which a diagnosis of sciatica is erroneously made; but perhaps more frequently sciatica is mistaken for one of these affections.—*Practice; Times and Register*, March 21, 1891.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, May, 1891.

PUBLIC URINALS.

WE do not know that men of Anglo-Saxon lineage have the right to lay claim to pre-eminent modesty, although we suspect that they rather incline to esteem themselves more righteous than their neighbors. However this may be, and we think that the tendency has been weakened by transplantation to America, we have inherited a certain shamefacedness about natural operations having its spring, probably, in that severe but strong Puritanism which has had so much influence upon the development of England and the United States. Custom, we believe, no longer ordains that young ladies should daintily mince at substantial viands in public in order to feast privately upon cake, candy, and slate-pencils. That fashion has gone out, like the fashion of fainting at every conjuncture of life. But who shall compute the ills entailed by excessive modesty or mock-modesty of the youth of either sex, but particularly of maidens,—the irritable bladder, the pain and distress, the fæcal intoxication, anæmia, chlorosis, dyspepsia, irritable heart *et hoc genus omne?* How much vesical and uterine disorder may be traced back to retention of urine and constipation!

These thoughts arose in our mind not long ago as we wended our way along a city street and became involuntary witness to the sad plight of some poor fellow, who, amid the titters and jeers of passers-by, was, under difficult circumstances, committing the misdemeanor of publicly evacuating his bladder. But necessity knows no law, and fortunately for the sufferer in this instance the officer of the beat was not on hand, or, perhaps, charitably walked away. The example is an extreme one, probably; for a man, unless blind-drunk, may at least usually find some comparatively retired alley-way when hard pressed. In the central parts of the city the hotels are a public convenience in this matter. But in most neighborhoods the alley or beer-shop is the only recourse for men. The former is more public than it should be for such a purpose, and it is not every man cares to make use of the latter when it can be avoided. Besides, though the bladder may thus be relieved, the draught of beer generally taken at the bar will by and by compel recourse to another alley or beer-shop. But the poor women are in worse case than the men. A lady may suffer, chill, or faint before she has an opportunity for relief. It is true she may resort to the cake-shop or milliner's, but these are not always eligible places. At any rate, it is time that our cities woke to the necessity of furnishing both men and women a reasonable chance of attending to unexpected physical necessities. A few water-closets are scattered through our squares or park, but what are these in comparison with the mass of the population and length of the streets? The authorities ought to provide public conveniences at proper distances apart, for the way is long and time is short when nature gives a "close call." Every one has experienced the acute distress caused by a distended bladder, and the case is more than usually urgent in the subjects of urethral stricture or enlarged prostate. We advocate, therefore, the establishment of suitable and cleanly water-closets in readily-accessible localities, and recommend this to Mayor Stuart as one of the needs of that "new Philadelphia" of which so much has been said. Such resorts are common in the cities of Continental Europe and might well be copied without offense to delicacy. Health should not be sacrificed to falsely-modest scruples. Public water-closets can be utilized in this community without leading to the coarse bluntness of Squire Western's manners.

A GOOD MEMENTO. — We have received, through the kindness of Mr. Charles Lackey, of Atlantic City, N. J., who has been visiting Carlsbad, Bohemia, an excellent photograph of Dr. Alfred Grünberger, a very prominent physician of this famous resort for invalids from all parts of the world.

MEDICAL NEWS AND MISCELLANY.

DR DULLES, we learn, will retire as editor of the Medical and Surgical Reporter, of Philadelphia, and will be succeeded by Dr. Edward T. Reichert.

PROFESSOR JOLLY, of Berlin, has had under his care 2 cases of temporary delusional melancholia as the result of the Koch treatment.—*Montreal Medical Journal.*

DR. ALBERT S. GIHON, U. S. N., has put forth a final and earnest appeal to the profession to contribute in behalf of the monument to be erected at Washington to Dr. Benjamin Rush.

THE Homœopathic Medical Society of Pennsylvania has issued a circular calling attention to a bill which it has prepared advocating a higher standard for graduation, and denouncing the effort of the "Old School" to acquire power through legislation.

THE sixteenth annual meeting of the American Academy of Medicine will be held in Washington, D. C., on Saturday, May 2d, and Monday, May 4th. The session will begin at 3 P. M. on Saturday, and the annual collation will take place on Monday evening.

AT a monthly conversational meeting of the Alumni Association of the Medico-Chirurgical College, held Friday, March 20th, Dr. W. H. Walling read a paper entitled "The Passing of Drugs into the Human Body by Electricity; or, Anodal and Kathodal Diffusion."

CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.—The meeting of the Congress of American Physicians and Surgeons will be held in Washington from 3 to 6 P M., September 22, 23, 24, and 25, 1891. William Pepper, chairman of the Executive Committee.

AT a monthly conversational meeting of the Alumni Association of the Medico-Chirurgical College of Philadelphia, Friday, February 20th, at 8 P. M., Dr. E B. Sangree read a paper entitled "Are Brain-Powers Equal?" A paper entitled "Empiricisms in Medicine" was read by Dr. H. Fisher.

THE statistics of suicide in the United States for the year 1890 reveal the curious fact that doctors commit suicide far more frequently than members of any other profession. Even the clergyman, who is so often required to read over his old sermons, commits suicide only half as often as the medical man.

DR. NICHOLAS SENN has accepted a chair in the Chicago Medical College. His work on the "Principles of Surgery" has been received with much favor abroad. The Journal of Laryngology and Rhinology speaks very favorably of it; much more so than English journals generally do when reviewing an American book.—*Times and Register.*

DR. JOHN W. BARR, aged 41, who died at 1630 Pine Street, Philadelphia, was a son of Jacob R. Barr, of Lancaster County, one of the founders of the Millersville State Normal School. Dr. Barr graduated at Jefferson College in 1874, and has been practicing in Philadelphia ever since, with the exception of a brief experience at Grand Rapids, Michigan.

DR. HENOCH, of Berlin, has little faith in the value of the Koch treatment in the tuberculosis of children. After having treated 20 cases in this way, he was uncertain whether it was wise to continue doing so any longer. Not one case reported cured, and not one improved, except one which subsequently relapsed into a worse state.—*Montreal Medical Journal.*

HONORS TO HELMHOLTZ.—The 70th birthday of Professor von Helmholtz occurs on August 30, 1891, and it is proposed to commemorate the event by presenting him with a marble bust and the striking of a special medal to be bestowed upon physicists of eminence. It is desired to form an international committee for carrying out the scheme.—*Journ. Amer. Med. Association.*

DEATH FROM A LARGE DOSE OF PARALDEHYDE.—Bridget O'B., 20 years old, was admitted to the fever hospital attached to the Cork work-house suffering from typhoid fever. Through an oversight on the part of the attendant, she was probably given 6 or 7 drachms of paraldehyde. In about five minutes she fell into an unconscious state, and, despite medical assistance, she died some hours later.—*Nashville Journal Medicine and Surgery.*

TRANSACTIONS OF THE INTERNATIONAL MEDICAL CONGRESS.—We are requested to state that arrangements have been made with Mr. Kolckmann, of 2, Langham Place, for the sale of the Transactions of the Tenth International Congress (Berlin). Members can receive them free on payment of a nominal sum for carriage. Country members can have theirs forwarded on application. Non-members can obtain them at the net price at which they are published in Berlin.—*British Medical Journal.*

THE managers of the Seaside House for Invalid Women desire to invite the attention of clergymen and physicians to the advantages offered to poor sick women by the Mercer Memorial House at Atlantic City. In it a comfortably furnished private room, with board, nursing, medical treatment, and medicines, can

be had for $4.00 per week, or about one-half the actual cost. Circulars can be had by writing for them to the Mercer Memorial House, Ohio and Pacific Avenues, Atlantic City, N. J. No one is ever admitted without previous application.

DR. C. N. SMITH, of Toledo, Ohio, announces that he has begun the issue of The Journal of Gynæcology, a monthly journal devoted to Gynæcology, Obstetrics, and Abdominal Surgery. The reading matter will consist of Original Articles, Society Transactions, Selections and Abstracts, and a Bibliographical Index. In this index it is proposed to note every article on gynæcology, obstetrics, and abdominal surgery appearing in American medical journals, giving the title, author's name, and name and date of journal.

MEDICAL LICENSING BOARDS.—Dr. Rauch, Secretary of the State Board of Health, has issued a call for a meeting of one or more representatives of each of the Medical Licensing Boards in the United States, to be held in Washington, D. C., May 6th. This has been done at the suggestion of Dr. William Perry Watson, Secretary of the State Board of Medical Examiners of New Jersey. The object of the proposed meeting is to make the rules and examinations of the boards of the several States as nearly uniform as possible. Licensing boards now control the medical practice in twenty-one States.

CHICAGO POLICLINIC.—The third semi-annual special course for practitioners included the following: 1. Surgery of the Brain and Spine, Prof. C. Fenger; Surgery of the Thorax and Stomach, Prof. N. Senn; Surgery of the Abdomen, including Abdominal Tumors, Prof. Chas. T. Parkes; Surgery of the Genito-Urinary Organs, Prof. W. T. Belfield; Surgery of the Female Pelvic Organs, Profs. F. Henrotin and J. H. Etheridge. All operations demonstrated on dogs and cadavers. 2. General Clinics in all the departments of Medicine and Surgery by members of the faculty. 3. Operative Surgery on the Cadaver.

CRADINE, A NEW PEPTIC FERMENT.—From the leaves and stems of *Ficus carica* is obtained by incision a white juice which has a peculiar odor and is only partly soluble in water. The residue remaining after filtration is soluble in dilute acids or alkalies, and from this solution U. Muzzi (Giorn. di Chimica, Farmacia, November, 1890) has extracted a ferment which he designates as cradine. This ferment acts in the presence of hydrochloric acid and alkaline solutions, and its action is much more energetic than that of pepsine. Peptones can be demonstrated by the ordinary reactions in albuminous fluids to which the ferment has been added.—*Wien. Mediz. Wochenschr.*

INTERNATIONAL CLINICS.—J. B. Lippincott Company will, beginning with April, issue quarterly thereafter a work entitled "International Clinics." This work will comprise the best and most practical clinical lectures on medicine, surgery, gynæcology, pediatrics, dermatology, laryngology, ophthalmology, and otology, delivered in the leading medical colleges of this country, Great Britain, and Canada. These lectures have been reported by competent medical stenographers, and thoroughly revised by the professors and lecturers themselves. The object of the work is to furnish the busy practitioner and medical student with the best and most practical clinical instruction, in concise form. Each volume will consist of over 350 octavo pages, illustrated with photographic reproductions of important cases.

MEETING OF THE NATIONAL ASSOCIATION OF RAILWAY SURGEONS.—At the Kansas City meeting of the National Association of Railway Surgeons last year, it was decided to hold the next meeting at Buffalo, May 7th, 8th, and 9th of this year. But, on account of the meeting of the American Medical Association being set for the same time, it has been decided to change those dates, and to hold our next meeting at Buffalo, April 30th and May 1st and 2d, to which all railway surgeons are cordially invited. To all railway surgeons sending their names and addresses to the corresponding secretary, a copy of the Constitution and programme will be sent. All those wishing to read papers should send in the titles of their papers without delay. For further information inquire of A. G. Gumaer, M.D., Corresponding Secretary, Buffalo, N. Y.

THE RUSH HOSPITAL.—An institution bearing this name has been started for the "study, care, and treatment of consumption and allied diseases." The trustees have secured a large house at Twenty-second and Pine Streets, Philadelphia, in which to begin this work, proposing as soon as possible to build a hospital within easy reach of the city and retain the Pine Street house as a dispensary and place of temporary treatment of patients before removing to the Hospital. No medical charity can be more commendable or appeal to a wider circle for sympathy. Consumptives are necessarily crowded out of general hospitals, and this movement should, and doubtless will, be liberally supported by our citizens. Nathaniel E. Janney, 608 Chestnut Street, is the Treasurer of the Board, and will thankfully receive and acknowledge contributions of any amount and of every kind.

DINNER TO A DISTINGUISHED PHYSICIAN.—Prof. P. D. Keyser, on Tuesday evening, March 31st, gave a dinner at his residence, 1832 Arch Street, to Dr. Schnée, of Carlsbad, Bohemia.

The guest was given an opportunity of meeting a few of the Philadelphia physicians who had heard already of his activity as a successful practitioner at the famous European watering-place. Dr. Schnée, in addition to being an able physician, is also a linguist, having a thorough knowledge of several languages, which he speaks fluently. He is likewise a zealous worker with his pen, having produced some able contributions to medical literature. His work upon glycosuria and diabetes, diseases upon which he has especially made investigations, has proved most acceptable to the press as well as to the medical profession.

URETHAN IN TETANUS.—In a case of tetanus in which the trismus could not be relieved by large doses of chloral, Dr. Marretti administered 20 to 45 grains of urethan daily in aqueous solution. After several days' administration the symptoms disappeared completely. The drug had been previously recommended by Professor Coza in tetanus on theoretic grounds, but has never before been employed in the treatment of the disease.—*Wien. Mediz. Wochenschr.*, No. 5, 1891 ; *Dietetic Gazette*, March, 1891.

THE INTERNATIONAL MEDICAL CONGRESS AT BERLIN.—We are requested to announce that the first volume of the Transactions of the Tenth International Congress, comprising the general proceedings, is now ready. Foreign members desiring to have it forwarded to them should communicate with Herr August Hirschwald, 68, Unter den Linden, Berlin, N.W. The postage to this country is 90 pfennigs. All inquiries should be addressed to the office of the Editorial Committee, 38, Jerusalemerstrasse, Berlin, S. W.—*British Med. Journal.*

FROM a private letter of Dr. McMurray from Vienna to the editor the following extracts may be of interest:—

"I am very much pleased with the hospital and the facilities one has to proceed with his work. Kaposi's course ends next week and I am uncertain when it recommences. He is an eloquent lecturer and master of his subject. The amount of material he has is enormous, and he has every facility for the use of new drugs, etc. He has, of course, given Koch's lymph an extended trial in lupus and as yet he has no results. Ere long he will abandon it as a remedy. I enclose some of the remedies used in his hospital practice, which you can make any use of you desire."

DEATH OF AN EMINENT RUSSIAN SURGEON.—We learn with deep regret, through a foreign journal, of the death of Dr. Charles Rayer, one of the most eminent Russian surgeons. Dr. Rayer held very many distinguished positions in St. Petersburg, his home, served with distinction in the Russian army as a brilliant surgeon, and added in his country much to the literature of his profession. During the Ninth International Medical Congress, held in Washington, D. C., Dr. Rayer was one of the conspicuous persons in attendance on the Section of Military Surgery, owing to his extensive knowledge in this important department. The Medico-Chirurgical College of Philadelphia, the only institution in the States that conferred honors upon distinguished foreigners during this great gathering in this country, selected Dr. Rayer as one of the few to whom they made a Fellow of the College.

DR. EPHRAIM CUTTER, of New York, has received a letter, of which the following is a translation:—

"The undersigned, who, at the Tenth International Congress at Berlin, 1890, displayed a considerable number of photographs, proposes to do the same at a lecture before the Royal Imperial Society of Physicians at Vienna, illustrating the advantages of photography for scientific purposes.

"In order to be up with the times, the undersigned most respectfully asks you if you cannot send him as soon as possible a few of your best photo's, with close descriptions of them, although they may be unmounted.

"The undersigned is ready to make any possible return, and will, of course, refer to your contributions in the lecture and will also send a printed copy of the lecture.

"Operator DR. MAX KÖHLER,
"Clinic of Schröter, IX General Hospital, Vienna"

LUPUS.—Apart from the question of its direct influence on the lupus itself, some collateral observations of much interest have been made as to the possible results from Koch's fluid. I am told that it has repeatedly caused general erythematous eruptions on the skin, and, in some, nodular effusion into the cellular tissue. In 1 case the inflammation of the lupus (on the face) passed into unquestionable erysipelas of a rather severe type, and the patient was for some time in danger. In 2 cases, at least, during the febrile reaction old chilblains became again inflamed.

If we are obliged to report that nothing that can be called a cure of lupus has yet been obtained in London practice, it may seem unnecessary to ask whether cures are lasting. On this point, too, however, I am sorry to say that some evidence is already forthcoming. I fear it is the fact that relapses occur very quickly. The patient who was taken to Berlin by Mr. Malcolm Morris and Dr. Pringle, and was for a time supposed to be almost cured, is now, I am assured by both gentlemen concerned, in a condition almost as bad as before the treatment.—JONATHAN HUTCHINSON, *Lancet; Times and Register*, February 21, 1891.

JOSEPH H. WARREN, M.D., an eminent Boston physician, died recently at the age of 60. Dr. Warren was a graduate of Bowdoin College Medical School, and later studied with Dr. Valentine Mott, of New York. When the Rebellion began he dropped his practice, and was in Baltimore with the Massachusetts troops when the first volunteers were mobbed in that city. He was afterward President Lincoln's private medical attendant and consulting physician. He did much to alleviate the suffering of soldiers by the erection of barrack hospitals. He saw active service in the field before Yorktown, and was disabled while bearing some special messages to Washington. He illustrated his method of treating hernia by operations in Guy's Hospital, London, and elsewhere. In 1889 and 1890 he read papers before the British Medical Association at Cambridge and the Academy of Medicine at Paris. Dr. Warren wrote very many monographs and medical papers. He gave to his profession many valuable suggestions, and some of his formulas have been in general use in the practice of medicine for many years.

BONE-EATERS.—A man known among his friends as the "great American bone-eater" said: "I do not follow this habit for any fantastic reason. I believe that the organic chemical elements found in bones, such as phosphate and carbonate of lime, are greatly needed in the human frame for the development of the osseous system. I do not make a dinner of bones, but merely take a little bone delicacy at times, when not in company. I will go through the rib-bones of a spring chicken or quail, or what not. I will have the grilled leg-bones of a young chicken, which are easily eaten when well grilled, and are very nice. Then there are the grilled bones of a sucking pig, or of a lamb, and, in fact, there are sundry bones that can be prepared in various ways to the advantage of the eater. I have had benefit from bone-eating, and I know several bone-eaters. Some of the African negroes, who are very strong, eat the bones of game after making them crisp at the fire, and the books tell of the bone-eaters of Europe in olden times. I would advise you to get a few dainty bones in nice order and try them."—*Exchange.*

MATERIA MEDICA AND PHARMACY.—The Chairman of this Section of the American Medical Association has issued the following letter to the active workers in these two important branches:—

"Dear Doctor: At the meeting of the Association last year, a new section was instituted to especially consider the very important branches of Materia Medica and Pharmacy. As your name has become identified with practical therapeutics, a contribution from you upon some special topic coming properly within the scope of pharmacology would be very welcome. A number of papers have been already offered. It would be considered a personal favor by the writer if you would show your interest in this new section by sending the title and a very brief synopsis of your paper (if you will favor us with one) at your earliest convenience, so that the programme can be made up at once. Hoping for an early reply, I remain very respectfully and cordially, yours,

"FRANK WOODBURY, *Chairman,*
"218 S. Sixteenth St., Philadelphia.

"Secretary, W. G. Ewing, M.D., Nashville, Tenn."

The special discussion arranged for the second day's session will be "The Pharmacopœia of the United States." The opening remarks will be made by Prof. H. C. Wood, and, as ten or more members of the last convention for revision will be present, it is expected that the discussion of this subject will be very interesting. We know the Chairman will be pleased to hear from physicians who will be present at this meeting and wish to take part in the proceedings of this section.

TENTH ANNUAL COMMENCEMENT.—The annual graduating exercises of the Medico-Chirurgical College of Philadelphia was held in the Chestnut Street Opera-House, on Thursday, April 16th, at noon. The President of the Board of Trustees, Prof. William H. Pancoast, conferred the degree of Doctor of Medicine upon Charles F. Anck, William B. Banks (Ph.G), Henry J. Bradley, E. Harley Buckland (D.D.S.), Alexander C. Butcher, Charles F. Chandler, J. Howard Cooper, Joseph A. Cramp, J. Watt Foster, Foster Frutchey, Samuel P. Gerhard, John E. Grube, William E. Holland, Benjamin I. Hubley, Andrew Hunter, Isidore Martin Koch, Herbert Linderman, Raymond F. Longacre, James MacKellar, Alfred E. H. Maerker, J. Hirst Maier, Herman D. Marcus (D.D.S), William M. Mierley, George P. Miller, J. Bechtel Mintzer, Sidney Montegut, Foster Quail, Edwin R. Rasely, Victor T. Roth, Thomas C. Sangree, Ira G. Shoemaker, Griffiths J. Thomas, August Trapold, Milton D. Van Horn, and E. Bruce Wenner.

Dr. Wabah McMurray, of Sydney, Australia, was made a member of the Medico-Chirurgical College. After the address to the graduates by Prof. E. C. Montgomery, the following prizes were then awarded by the Dean, Prof. P. D. Keyser:—

The Faculty Gold Medal, for the highest average on final examination—Foster Frutchey, of Penna.; with honorable mention of Foster Quail Penna.; E. R. Rasely, Penna.; J. McKellar Penna.; G. J. Thomas, Penna.; A. C. H. Maerker, Ohio; A. Trapold, Texas; T. C. Sangree, Penna.; F. Embery, Penna.; J. A. Cramp

Penna.; W. M. Mierley, Penna.; S. Montegut, Louisiana; M. D. Van Horn, Penna.; E. B. Wenner, Penna.; J. H. Maier, Penna.; S. P. Gerhard, Penna.; A. Hunter, Penna.; I. M. Koch, Penna.; R. F. Longacre, Penna.

The Faculty Prize for the best Original Research—Sidney Montegut, Louisiana; with honorable mention of I. M. Koch, Pennsylvania.

Gold Medal for the highest average in Practice—Foster Quail, of Pennsylvania.; with honorable mention of A. E. H. Maerker, Ohio; E. R. Rasely, Penna.; Foster Frutchey, Penna.; A. Trapold, Texas; W. M. Mierley, Penna.; A. Hunter, Penna.

Gold Star Medal, for the highest average in Anatomy—Foster Frutchey, of Pennsylvania; with honorable mention of James McKellar, Penna.; R. F. Longacre, Penna.; W. M. Mierley, Penna; E. R. Rasely, Penna.; G. J. Thomas, Penna.; T. C. Sangree, Penna.; F. Quail, Penna.: M. D. Van Horn, Penna.; B. F. Hubley, Penna.; I. F. Shoemaker, Penna.; C. F. Chandler, Penna.

A Case of Instruments for the highest average in Surgery—August Trapold, Texas; with honorable mention of M. D. Van Horn, Penna.; Foster Quail, Penna.; T. C. Sangree, Penna.; I. F. Shoemaker, Penna.; E. R. Rasely, Penna.; A. E. H. Maerker, Ohio; F. Frutchey, Penna.; G. J. Thomas, Penna.; J. McKellar, Penna.; S. P. Gerhard, Penna.; W. B. Banks, Penna.; J. H. Cooper, Penna.; J. E. Grube, Penna.; J. H. Maier, Penna.; S. Montegut, Louisiana; E. B. Wenner, Penna.; A. J. Bradley, Penna.

Set of Instruments for the highest average in Gynæcology—J. Hirst Maier, Pennsylvania; with honorable mention of E. R. Rasely, Penna.; Foster Frutchey, Penna.

A Pair of Obstetric Forceps, for the highest average in Obstetrics—E. B. Wenner, Pennsylvania; with honorable mention of F. Frutchey, Penna.; E. R. Rasely, Penna.; G. J. Thomas, Penna.; J. A. Cramp, Pennsylvania; James McKellar, Penna.; A. Trapold, Texas; J. H. Cooper, Penna.; I. M. Koch, Penna.; J. H. Maier, Penna.; T. C. Sangree, Penna.

Special Prize ($50) offered by Dr. Spencer Morris for the highest average obtained in Differential Diagnosis and Hygiene, awarded to G. J. Thomas, Pennsylvania; with honorable mention of Sidney Montegut, Louisiana; Foster Quail, Penna.

A Free Scholarship for the ensuing year, for the highest average in the studies of the second year, to Harry L. Clayton, Delaware; with honorable mention of H. J. Bell, Penna.; H. S. Williams, N. C.; W. Watson, Penna.; S. Webb Hornor, Penna.; G. L. Harker, Penna.; C. R. Binder, Penna.; Edward Casperson, Australia; W. S. Erdman, Penna.

A Free Scholarship, for the highest average in the studies of the first year, to George A. Trieman, Russia; with honorable mention of J. W. Herst, Mass.; W. Ellerbeck, Utah; G. H. Crabtree, Me.; Chas. Furbush, N. Y.; John R. Hunter, Penna.; B. I. Brubaker, Penna.; H. R. Hosback, Penna.; B. Houghwort, Penna.; J. F. Shoemaker, Penna.

A Gold Medal, offered by Dr. H. C. Boenning, Demonstrator of Anatomy, for the highest average in his examination, to Foster Frutchey, Penna.

MEDICO-CHIRURGICAL COLLEGE ALUMNI.—On Tuesday evening, April 14, the Alumni Association of the Medico-Chirurgical College assembled in the arena and listened to the able address, published in this issue of the BULLETIN, by Prof. Frank Woodbury, of this city. At the conclusion of the oration the members repaired to the Colonnade Hotel, and did honor to Dr. Woodbury by entertaining him at an elegant banquet. Over a hundred of the Alumni and friends of the institution sat down to dinner and listened with marked attention again to the guest, who was handsomely introduced by the President, Prof. William H. Pancoast The following are a few of the many who were present at the dinner and recounted old college times:—

Profs. James E. Garretson, William H. Pancoast, George E. Stubbs, William F. Waugh, A. S. Gerhard, H. E. Goodman, Henry J. Dorr, Peter D. Keyser, John V. Shoemaker, E. E. Montgomery, James M. Anders, Ernest Laplace, Samuel Wolfe, Frank Woodbury, William B. Atkinson; Drs. Isaac Barton, Frank Fisher, Conrad Berens, Henry C. Boenning, E. S. Gans, E. L. B. Godfrey, A. E. Roussel, D. Benjamin, A. E. Maerker, William B. Banks, Alexander C. Butcher, William E. Holland, Henry Fisher, Charles H. Gubbins, Ernest B. Sangree, W. A. N. Dorland, H. H. Boom, George A. Hewitt, John W. Eckfeldt, Charles F. Anck, Henry J. Bradley, E. H. Buckland, Charles F. Chandler, J. H. Cooper, J. A. Cramp, Watt Foster, Foster Frutchey, Samuel P. Gerhard, J. E. Grube, Andrew Hunter, Isidore Martin Koch, Raymond F. Longacre, James MacKellar, F. H. Maier, W. M. Mierley, George P. Miller, J. B. Mintzer, S. Montegut, F. K. Quail, E. R. Rasely, V. T. Roth, Thomas C. Sangree, I. G. Shoemaker, Griffiths J. Thomas, August Trapold, M. D. Van Horn, E. Bruce Wenner.

At a largely attended meeting of the Association held at the College on Wednesday, April 15, the following officers were elected for the ensuing year: President, William H. Pancoast; Vice-Presidents, Isidore Koch, Thomas B. Early, J. A. Krug, Manly H. Gates, A. J. Mahor, J. Clyde McCartney, W. X. Sudduth, Albert Koel, Henry Fisher, P. Appleman; Secretary, John S. Stewart; Treasurer, John W. Croskey; Executive Committee, John V. Shoemaker (chairman),

E. B. Sangree, F. Fisher, J. P. Russell, T. W. Levy, W. W. Walker, J. F. Meade, J. J. Taylor, M. P. Dickeson, E. S. Gans, T. R. Barker, A. E. Roussel, W. H. Walling, M. H. Cryer, C. H. Gubins, G. H. Hormanion, J. S. Deeny, R. J. Mueller, W. V. Stewart, N. Z. Dunkelberger, S. P. Gerhard, Joseph A. Cramp, F. H. Maier, R. F. Longacre, Foster Quail.

The following resolution was unanimously adopted :—

Resolved, That the thanks of the Association be tendered to Prof. Frank Woodbury for his admirable oration on Tuesday evening, April 14, and that the secretary be instructed to notify him of said fact.

A Wheeling Tragedy.—A special from Wheeling, W. Va., says: Dr. George Baird, a prominent physician and ex-Mayor of this city, was shot twice and killed by Dr. George J. Garrison, an equally prominent physician, a member of the State Board of Health, and formerly City Health Officer. They had been enemies for a long time.

Medico-Chirurgical Entertainment.—The entertainment for the benefit of the Medico-Chirurgical Hospital was a very successful and charming affair. The young people engaged in it with zeal, and the result of their efforts was very pleasing. Some athletes from Princeton and the University of New York took part in the Greek festival, and the members of the First Regiment and other organizations of the National Guard contributed their aid toward making the military spectacle a grand affair. Besides these features there was a dance by the young people, and the Al Fresco fête, a novel and pleasing performance.

The Nails in Neuritis.—Modifications of the normal appearance of the nails are present under various morbid conditions. Often a serious illness leaves its mark in a peculiar modification of nail growth, apparently corresponding to the period during which the disease exerted its most powerful effect. This peculiarity is usually manifested as a band, varying in length with the duration of the illness, in which the normal appearance and color of the nails are changed. Such a condition is seen during fevers and after injuries of nerves. A more general modification of the appearance of the nails occurs also in such conditions as those of Raynaud's disease—a disease in which, whatever the ultimate explanation of its phenomena may be, there are evidences of profound trophic disturbance. In such a disease as multiple neuritis changes in the nails were to be expected, and in the Neurolog. Centralbl., No. 24, 1890, Bielschowsky describes such a case recently under his observation in which nail changes were a marked feature. The case was one characterized by the usual signs and symptoms of peripheral neuritis, viz., weakness, wasting, tenderness of nerve-trunks, and absence of reflexes, with changes in the electrical reactions. The change which is described occurred in the finger-nails only, the toe-nails being unaffected, although the neuritis was present in the lower limbs. There were observed at first small white points in all the finger-nails. These occurred simultaneously, and gradually extended both in length and breadth, until a white band over a millimetre in breadth was formed, dividing the normal substance above from that below. As the nails gradually grew, those bands were pushed to the periphery, and were finally removed and examined with the microscope. Examination seemed to show that the discoloration was due to the presence of air, and that the condition was thus similar to what is found in hair which has become gray or white.—*London Lancet; Amer. Pract. and News.*

The Mechanical Treatment of Gastric and Intestinal Diseases.—Dr. Joseph Sümegi (Oest-Ungar Centralbl. f. d. Medico Wissensch.) states that in chronic constipation our main reliance in treatment should be massage of the relaxed portions of intestine. In addition to this he recommends gymnastic exercises, movements of flexion, and extension at the knee, rotary movements of the trunk, and tapotement, or light beating over the pelvic region. The treatment by this method is kept up for two or three months, and if necessary is repeated. Attention should also be paid to the diet. Massage is best performed in the morning, half an hour to an hour after breakfast, or four or five hours after dinner. If anæmia is also present, it is often greatly improved by tapotement and massage. The treatment of perityphlitic exudations by this method should be undertaken with great care. Good results are also obtained from massage and medical gymnastics in cases of hæmorrhoids and fæcal obstruction. In 3 cases of the latter kind the author removed a considerable accumulation of fæces by massage. One of the patients had not had a movement for thirteen days, and could not be relieved by cathartics, enemata, etc.; but after massage had been applied for three-quarters of an hour a spontaneous movement of the bowels occurred. In another case there had been no fæcal evacuation during sixteen days, and tympanites and collapse were present. After the employment of massage a large amount of gases were passed, and on the following day the application of massage for forty minutes caused a descent of the fæcal masses to the rectum, from which they were removed by irrigation.

Hæmatoporphyrin in the Urine.—A number of cases have recently been recorded in

which the iron-free derivative of hæmoglobin, called hæmatoporphyrin, has been described in the urine. The first recorded observations of this occurrence were made by Macmunn in June last, and the most recent, by Salkowski, are published in the Centralb. f. d. med. Wiss., 1891, No. 8, p. 129. The 3 cases mentioned by Salkowski were in women, and 1 case ended fatally. The cause of the occurrence of this abnormal substance in the urine is supposed by Salkowski to be the administration of sulphonal. This is, however, an abnormal action of the drug, and would therefore appear to be due to individual idiosyncrasy.—*Brit. Med. Journal.*

Illness Caused Apparently by Aniline-Colored Sweetmeats.—At a meeting of the Royal Society of Medicine in Ireland, February 13, 1891, Sir Charles Cameron, after pointing out that numerous cases of illness had been attributed to aniline colors used in clothing and for coloring food, explained that the toxic action of the dyes was generally attributed to the arsenic used in the preparation. He had investigated 3 distinct cases of illness in which the symptoms were attributed to the use of colored confections. The children in three distinct families were taken ill with vomiting and purging after eating colored comfits and sugar balls. Analysis revealed no mineral poison in the confections, but it was noted that the coloring matter was very large in quantity. It proved to be fuchsin. These cases rendered it not improbable that fuchsin might be toxic even when free from arsenic. The president thought the injurious effects of aniline dyes, especially fuchsin, might be due to the affinity for this coloring matter on the part of the protoplasmic matter of cells, which imbibition and staining might reasonably be expected to interfere with their physiological or biological action, and therefore be detrimental to various bodily functions. Dr. Quinlan said one of his earliest recollections was the banquet given in Dublin to the soldiers coming from the Crimea. On that occasion the tables were decorated with confectioned edifices, which, perhaps, contained as much plaster-of-Paris as sugar; in compliment to this country, they were mostly colored green, that color being due to Scheele green. Through a window left open for ventilation the boys of the locality got in after the banquet, feasted on the confectionery, and, as a result, there was extensive arsenical poisoning. Fortunately none of these cases proved fatal, but they gave great anxiety. He thought that the use of aniline colors in confectionery was much to be deprecated. There were vegetable and animal colors available which were absolutely safe. Cochineal gave a fine red, saffron a yellow, litmus a blue, and turmeric a brown. Furze-blossoms gave a nice yellow, which was often used for coloring eggs in boiling, and with these resources he thought that aniline colors ought to be left alone. The use of metallic pigments by the confectioner was a crime which ought to be severely punished in all cases where it was detected. Dr. Falkiner and Mr. Lentaigne also spoke.—*British Medical Journal.*

Nephritis in Consumptives.—In the Centralblatt für allgemeine Pathologie, No. 3, 1891, Dr. C. V. Kahlden, of Freiburg, describes certain changes which he has observed in the kidneys of phthisical patients apart from those brought about by actual tuberculous disease or amyloid degeneration. The whole organ is either not at all or only very slightly enlarged, the capsule is easily separated from the yellowish-white surface, the cortex is but little narrowed, but invariably shows a slight, yellowish discoloration; the medullary tissue is usually pale and anæmic. A case of chronic phthisis is related, and full details given of the microscopic appearances corresponding to the yellow changes in the cortex. The clinical evidence of these changes is very limited. Albuminuria may be altogether absent, or only present at irregular intervals in minute quantity. There is, as a rule, no hypertrophy of the heart and very little œdema of extremities. The actual changes within the kidney consist, for the most part, of an irregular aggregation of small round-cells within the capsule of the glomeruli, the cells themselves showing minute fatty changes. The endothelial cells lining the tubules show a certain amount of fatty change, and small granular cells are scattered in the intertubular tissue also; but the distinctive difference claimed for this form of degeneration over others that are recognized as occurring in chronic phthisis is the occasional limitation of the degenerative process to the endothelium of the tubules, the interstitial tissue being but little altered. The changes are looked upon as essentially degenerative in nature, and as prone to affect the parenchyma of the organ in the first instance. The author discusses the arguments for and against this view at considerable length, and concludes that such parenchymatous changes in the kidney in cases of long-standing chronic phthisis are the rule rather than the exception.—*British Medical Journal.*

The "Schweninger Cure."—Dr. Schweninger, who has become world-famous because he is Bismarck's physician, has a sanitarium, the course of treatment in which is thus detailed by one of his patients:—

Rising, 6.30 A.M. Cold bath and free towel friction over the whole body.

7 A.M. Staff and dumb-bell exercise for an hour, with frequent rests.

8 A.M. Rest and gentle exercise.

8.30 A.M. First breakfast (meat, eggs, or milk).

9 A.M. Work at the Zug apparatus.

9.30 A.M. Rest and gentle exercise.

10 A.M. A walk.

10.30 A.M. Second breakfast (meat or fish and a glass of white wine).

11 A.M. Work at the ergostat (a kind of crank) for half an hour.

At noon a walk, and at 1 P.M. dinner (meat, vegetables, and fruit compote).

During the afternoon some additional gymnastic work is done, and at 7 P.M. supper of one dish of meat and fruit compote, or salad with a glass of white wine, or, in some cases, beer. Meals, as a rule, are taken without drinking, fluids being only used some time afterward, though in my own instance this rule was not insisted on. In many cases, at 4.30 P.M., a slight additional meal is recommended, thus making four meals a day, which in my own case I found impracticable.

Weight, strength, and chest-girth are tested weekly. Coffee, tea, soup, shell-fish (*Huelsen fruechte*), potatoes, rice, and red wine are, as a rule, prohibited.—*The Annals of Hygiene; Dietetic Gazette.*

DR. JOHN S. MESSERSMITH died suddenly, February 16th, at Lancaster, Pa., from apoplexy, in his 81st year. He was born in Lancaster, studied medicine, and graduated at the Jefferson Medical College. He practiced in Lancaster County, and eventually was attached to the medical corps of the navy, receiving his commission from President Jackson, February 9, 1837.

He was first attached to the frigate "Columbia," but was soon detached for service with the Brazilian squadron. During the Mexican war his vessel ran ashore at the siege of Truxpan, and he was made a prisoner, but was soon discharged. He was with Commodore Perry in his famous voyage to Japan, and while serving with the Pacific squadron, married at San Francisco, Miss Key, of Baltimore, granddaughter of the author of the "Star Spangled Banner." He served during the Rebellion, and was retired in 1871. His children are Edwin Turner Key, of California, and Annie Key Messersmith, of Lancaster. His wife also survives.

THE CHEMISTRY OF THE TUBERCLE BACILLUS.—At the clinic of Professor Nothnagel, a very interesting investigation on the chemical composition of tubercle bacillus, says the Lancet (Science), has been carried out by Dr. Hammerschlag who had commenced his studies on the bacillus at Professor Nencki's chemical laboratory at Berne. Two analyses of two different culture series were made. The cultures were 0.2 to 3 months old, and 7.5 to 22 grammes moist bacteria were obtained for the analyses. They contained between 88 7 and 83.1 per cent. of water, between 28.2 and 26.2 per cent. substances soluble in alcohol and ether, *i.e.*, lecithin, fats, and a poisonous substance, which, injected subcutaneously into guinea-pigs, produced clonic spasms of the muscles, acceleration of pulse and respiration, and finally general convulsions and the death of the animal from twelve to fifty-one hours after the injection. The residue which remained after the extraction with ether and alcohol contained an albuminoid body and cellulose: therefore, the tubercle bacilli seem to differ from other bacteria by the high percentages of substances soluble in alcohol and ether, as they contain between 28 and 26 per cent., while the bacterium termo contains only 1.7, and the bacillus anthracis only 7.8 per cent. It has been found that the presence of carbohydrates and glycerin is necessary for the growth of the bacilli, and that albumens are not alone sufficient as nourishing media for the tubercle bacillus, which differs thereby from the other bacteria. By experiments on rabbits, it was proved that a poisonous albuminoid body is formed in the cultures of the bacilli, which (the dose used varied between 0.2 and 0.4 gramme) produced, a few hours after the injection, a rise of temperature amounting to 1° or 2° C., lasting for one or two days, without any other effect even after repeated injections. The glycerin bouillon cultures lost their virulence on being kept for eight months at a temperature of 39° C., but they retained their vital activity. In experiments made on animals with such cultures of eight months' standing, only negative results were observed with regard to the production of immunity in animals by such cultures, and Hammerschlag, Falk, and Charrin have failed to produce a protective inoculation.—*The Pharmaceutical Era.*

DR. W. R. HOCH has removed to 1338 Walnut Street, Philadelphia.

TESTIMONIAL TO VIRCHOW.—The friends and admirers of Dr. Rudolf Virchow in Great Britain have, according to the Lancet, February 7, undertaken the formation of a testimonial fund to enable them to unite with others of other nations in the celebration of the seventieth birthday of "the greatest exponent of cellular pathology." This event will take place October 13, 1891. Sir James Paget was unanimously agreed upon, by the committee organizing the fund, to be invited to take the chairmanship of the English branch of the movement. The editor of the Lancet adds: "The movement set on foot in Germany will doubtless spread to every country in the world, and we are glad to find that Great Britain will be represented." The

nature of the proposed testimonial will include the presentation of a large gold portrait medal to Virchow himself, and bronze replicas of the same to members of his family and to some scientific institutions.—*Journ. Amer. Med. Assoc.*

To Study Abroad.—Dr. Isadore M. Koch, a graduate of the Medico-Chirurgical College, sailed for Europe, April 25th, by the German steamer "Aller," to pursue special study on skin and venereal diseases in Vienna, Berlin, Paris, and London, for the next two years.

Mixture for Venereal Warts.—M. Ciro Urriola (La Semaine Médicale) recommends a mixture of salicylic acid 2 parts and acetic acid 30 parts in the treatment of venereal vegetations. The mixture is applied with a fine camel-hair pencil once or twice daily. Usually but two or three treatments are required to cause the greater portion of the vegetations to disappear. The writer claims that the application causes but slight and transitory pain, and that it is preferable to all other modes of treatment.—*Journ. Am. Med. Association.*

Disinfection of Tuberculous Sputum.—In the Centralblatt für Bakteriologie, Nos. 1 and 2, 1891, Dr. Martin Kirchner points out that the general consensus of opinion has come to regard the sputum of tuberculous patients as the ordinary means by which tuberculous disease spreads from one individual to another. In many of the large military establishments in Germany it has been shown that tuberculous disease has been very wide-spread among the nurses and attendants upon the sick, and stringent rules are already in force in many such places to prevent the indiscriminate disposal of sputum. Tubercle bacilli are more resistant than some other microorganisms to the action of some antiseptic fluids, but are very easily destroyed by others. Four per cent. carbolic acid with the addition of 2 per cent. of hydrochloric acid, 2 per cent. and 5 per cent. of sulpho-carbolic acid, or 10 per cent. of creolin, will suffice to render tubercle bacilli innocuous in a very short time. Caustic soda and potash, on the other hand, and 5 per cent. of permanganate of potash have no effect; nor is a solution of 1 in 1000 of corrosive sublimate sufficient, owing to the highly albuminous character of the sputum in which the bacilli are contained. It has now been proved that tuberculous sputum may retain its infective properties for ten months even after decomposition or drying up. It must, therefore, be equally active as it lies in the various receptacles which have been devised for its reception. The methods by which these vessels are cleaned become a matter of considerable importance. Boiling water is used in some places, but it is open to the chance of the water becoming cool before it can be used, and does not do away with the necessity for the wiping of the adherent sputum from the sides of the vessel by the hands of the attendant. A temperature of 70° C. has been shown to be insufficient to render tuberculous sputum innocuous, and the author of the paper believes that absolute disinfection is only to be obtained by means of steam. This plan was advocated by Grancher and DeGennes in 1888, but the apparatus devised for the purpose was cumbrous and costly.

Now that there is a general disposition to treat tuberculous cases on much the same lines as leprosy cases, by collecting them together, it should be an absolute law that all the sputum proceeding from such cases should be rendered harmless before it is disposed of in the common drains. With this object, Dr. Kirchner has caused a form of disinfecting-kettle to be constructed, consisting of a round metal box, about 10 inches high and 16 inches in diameter, its floor forming a shallow tank to hold the water to be vaporized, the whole being covered with a lid perforated at the one point for the passage of a thermometer. In this box are placed two or more trays perforated to permit of the free circulation of steam, and so arranged as to carry five spitting-cups of the special pattern which he uses. These cups are placed for half an hour within this apparatus, heat being maintained so that the temperature of the steam never falls below 100° C. A strong protest is made against the use of the ordinary spittoon, whether filled with sawdust or some antiseptic fluid. The spittoon is of necessity too far removed from the patient's mouth to ensure that all the expectorated matters are collected by it. The state of the floor round and about any spittoon in a public place is appealed to as sufficient evidence of the truth of this statement. Small cups made of glass, with wide lips and easily cleaned, should be used in preference to the spittoon, but must be placed within reach of the patient's hand, and be clearly labeled. These cups must be placed in the disinfecting box for half an hour before they are emptied, and their contents may then with safety be treated by simple washing.—*British Medical Journal.*

Death of Dr. Thomas B. Reed.—Dr. Thos. Baird Reed died lately at his residence, 1427 Walnut Street, from an affection of the kidneys. He was a schoolmate of James G. Blaine at Washington and Marshall College, and graduated from Jefferson Medical College in 1859. As a surgeon he was connected with the Pennsylvania Hospital, Presbyterian Hospital, Girard College, Mutual Life Insurance Company, and during the late war served in the army. At the time of his death he was 59 years of age.

BOOK REVIEWS.

The International Medical Annual and Practitioner's Index, 1891. Ninth year. New York: E. B. Treat. Price, $2.75. 8 vo., pp. 580.

In preceding volumes of the MEDICAL BULLETIN may be found appreciative notices of the previous issues of this medical annual, which has proved its usefulness by surviving to the ninth annual edition. It contains a dictionary of new remedies, and of new treatment, improvements in pharmacy and in surgical appliances, with some of the more recent contributions to diagnosis and sanitary science. A disadvantage to those not possessing the preceding editions is found in the frequent references to the preceding issue, but otherwise the bibliography is very valuable, a number of references to current literature being given under all the important headings. Some corrections have escaped the proof-reader. Sodium benzoate looks like a new drug as "Sodium Penroate" (page 543), and Dr. Wylie, of New York, masquerades as Dr. Gillwylie (page 366). A valuable addition would be an "Index of Authors Quoted."

The Physician's Leisure Library: Electricity, Its Application in Medicine. By WELLINGTON ADAMS, M.D. Vols. I, II. George S. Davis: Detroit, Mich. 12mo. Paper, 25 cents.

In the compendious treatise which Dr. Adams presents in these two volumes of a little over one hundred pages each, a correct statement of the physical problems involved and description of the apparatus employed, definitions, and a brief review of the applications in electro-therapeutics are given. The author is that *rara avis*, a physician who has mastered the subject of electricity. He is a well-known electrical engineer, and is fully competent to discuss the subject scientifically and to avoid the pit-falls that await the footsteps of the ordinary medical writer upon the subject. The almost hopeless confusion into which the literature of medical electricity has been thrown by the dogmatic teachings of instructors who themselves needed instruction, and by instrument-makers ignorant of the principles of electrical science, has retarded the advance of electro-therapeutics and given an air of empiricism to the practice, which hitherto has repelled many conscientious physicians and thus deprived them of a valuable therapeutic resource, in many cases indispensable to successful treatment. Dr. Adams has invented a number of appliances, and describes a faradometer, which promises to be useful, especially if adapted to the static machine of high voltage which he is expected soon to bring out. We hope that his efforts will be crowned with success, as the production of such a piece of apparatus would revolutionize medical electricity and banish the troublesome, expensive, and unreliable chemical or galvanic electricity. Every one who desires to have correct knowledge of this subject should send 50 cents for these two volumes, in which the definitions are clearly given, and the correct use of such common terms as tension and intensity is explained and the difference between them correctly indicated.

Sexual Neurasthenia (Nervous Exhaustion): its Hygiene, Causes, Symptoms, and Treatment, with a chapter on Diet for the Nervous. By GEORGE M. BEARD, A.M., M.D., formerly Lecturer on Nervous Diseases in the University of the City of New York; Fellow of the the New York Academy of Medicine; Author of "Our Home Physician," "Hay Fever," one of the authors of "Medical and Surgical Electricity," etc. (Posthumous manuscript.) Edited by A. D. ROCKWELL. A.M., M.D., Prof. of Electro-Therapeutics N. Y. Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, and one of the authors of "Medical and Surgical Electricity," etc. Third edition, with formulæ. New York: E. B. Treat, 5 Cooper Union, 1891. Price, $2.75.

Dr. Rockwell, who has ably edited this very original work, has added much of value to it. He has brought the subject up to the present day, and has written much on the recent views of electricity in its application to the treatment of neurasthenia. The editor, who is one of the best and most practical workers in electro-therapeutics in the profession, describes in a clear and distinct manner the use of the various currents for this disease. He also takes occasion to say much of service upon the use of massage,—a suitable and judicious way of treating many cases of neurasthenia. As we have previously stated, the work is well written, ably edited, and full of the most valuable facts.

Text-Book of Bacteriology. By CARL FRAENKEL, M.D., Professor of Hygiene, University of Königsberg. Third edition. Translated and edited by J. H. LINSLEY, M.D., Professor of Pathology and Bacteriology, Medical Dept. Univ. of Vermont, etc., etc. Octavo, 380 pages, extra muslin. $3.75. William Wood & Co., New York. 1891.

The third edition of Prof. Fraenkel's work on bacteriology has been translated and edited in a masterly manner by Dr. J. H. Linsley. The language is simple, clear, and well expressed.

The work is divided into seven chapters, beginning with classification and ending with an appendix upon mold and yeast fungi. All the text is interesting and instructive, especially to the physician busy in active practice. In Chapter II the methods of investigation, the microscopical examination of bacteria, stains, and staining, and the preparation of cover-glass specimens for staining are so admirably set forth as to be of great service to one studying that very important department of medicine. To the student of medicine, to the investigator, to the active practitioner, the most interesting portion of this valuable work is to be found in Chapter VI, which includes a full account of pathogenic bacteria. The investigations of Koch upon the tubercle bacillus here finds a most careful consideration from the author. Beginning with the announcement of this great discovery, the author writes, on the 24th of March, 1882, R. Koch, before the Physiological Society, in Berlin, made the announcement that he had found the cause of tuberculosis, which was due to a peculiar bacillus of a special shape. I have seldom, continued this great writer, in all my life felt greater pleasure than at the reception of this news, were the words with which Cohnheim greeted the new discovery, and one could see that he spoke these words with the deepest conviction. The impression, continues the author, which the discovery of Koch made was, in fact, extremely deep and lasting. The incomparable certainty and positiveness of his investigations were admired by everybody. So powerful and so free from objection was every argument that no one attempted to combat them, and the concluding sentence of his communication was: "We can with good reason say that the tubercle bacillus is not simply one cause of tuberculosis, but its sole cause, and without tubercle bacilli you would have no tuberculosis." The historical description thus given in this standard textbook by the author demonstrates the esteem and distinction with which Koch has been held by the most eminent men of our day. This comment is a beautiful tribute to the work accomplished by Robert Koch. The concluding portion of this subject is devoted to a description of the tubercle bacillus, with the following belief of the author, which is now very generally adopted: "We declare that tuberculosis is an infectious disease, caused by a specific bacillus, and transmitted to man mostly through inhalation of dried sputum of the lungs of phthisical persons." Following the above topic, the author next describes lepra bacillus, syphilis bacillus, as well as the bacillus of glanders, Asiatic cholera, and many other diseases. The work is well written, shows extensive laboratory research, and is brought up to the present time in the modern additions to bacteriology.

CURRENT MEDICAL LITERATURE

Is there a Fundamental Difference Between the Contraction of the Heart and Ordinary Striated Muscle? By Thomas J. Mays, M.D., Professor of Experimental Therapeutics and Physiology in the Philadelphia Polyclinic and College for Graduates in Medicine.

A Criticism of Willett's Operation for Talipes Calcaneus. By A. B. Judson, M.D., Orthopædic Surgeon to the Out-Patient Department of the New York Hospital.

Anthrax: The Disease of the Egyptian Plagues. By Henry William Blanc, M.D., Chief Sanitary Inspector for the City of New Orleans.

On the Treatment of Eczema in Elderly People. By L. Duncan Bulkley, A.M., M.D., New York.

Prospectus of the St. Louis College of Pharmacy. Twenty-Fifth Annual Session, from October, 1890, to March, 1891.

Drainage in Abdominal Surgery. By Geo. Erety Shoemaker, A.M., M.D., Philadelphia.

The Relation of Eye-Strain to General Medicine. By George M. Gould, M.D., Ophthalmic Surgeon to the Philadelphia Hospital.

I. Case of Corneal Transplantation from the Rabbit's to the Human Eye. II. A Singular Case of Injury. By William F. Smith, M.D., Member of the Heidelberg Ophthalmological Society; Oculist and Aurist to the Emergency Hospital, Chicago.

Pennsylvania Pharmaceutical Association. Proceedings, 1890.

The Sewerage of Columbus, O. Address of Col. George E. Waring, Jr., at Board of Trade Auditorium, Columbus, O., Monday evening, June 23, 1890, and Discussion Following.

Address Delivered at the Forty-third Annual Session of the American Institute of Homœopathy, at Waukesha, Wis., on the Progress of Homœopathy, by the President, J. D. Buck, M.D.

Address in Hygiene. By Thomas J. Mays, M.D., of Philadelphia.

Influenza—La Grippe. By William B. Dewees, A.M., M.D., Salina, Kansas.

Relaxation and Management of the Perineum During Parturition. By William B. Dewees, A.M., M.D., of Salina, Kansas. Read before the Golden Belt District Medical Society of Kansas, July 4, 1889.

The New Treatment of Peritonitis. Lamphear.

Higher Preliminary Medical Education: The Influence of the German Universities upon our Profession. An Address Delivered before the American Academy of Medicine, December 4, 1890, at the College of Physicians, Philadelphia, by Henry E. Dwight.

One Hundred Consecutive Cases of Labor at the Maryland Maternité, with a Description of the Methods Practiced in that Institution. By George H. Rohé, M.D., Director, and Wm. J. Todd, M.D., Resident Physician.

The Rotary Element in Lateral Curvature of the Spine. By A. B. Judson, M.D., New York.

Annual Report of the Commissioner of Pensions to the Secretary of the Interior for the Year Ended June 30, 1890.

Bulletin of the American Academy of Medicine.

Fifth Annual Report of the Cottage Hospital, Portsmouth, N. H., 1890.

Immigrant Dermatoses. By James C. White, M.D., Professor of Dermatology in Harvard University.

Medical College of Virginia, Fifty-Third Session, 1890–1891.

Brain Surgery, with Report of Eleven Cases. By H. O. Walker, M.D., Detroit, Mich., Professor of Orthopædic Surgery, Genito-Urinary Diseases, and Clinical Surgery in the Detroit College of Medicine.

I. The Prevention of the Short Leg of Hip Disease. II. The After-Treatment of Hip Disease. By A. B. Judson, M.D., New York.

Fever, Thermotaxis, and Calorimetry of Malarial Fever. By Isaac Ott, M D., Ex-Fellow in Biology Johns Hopkins University, Ex-President American Neurological Association, etc.

Woman's Medical College of the New York Infirmary: Twenty-Second Annual Catalogue and Announcement, June, 1890.

Forty-Third Annual Announcement of the Hahnemann Medical College and Hospital of Philadelphia, for 1890–1891.

Thirty-Seventh Annual Report of the Pennsylvania Training School for Feeble-Minded Children, Elwyn, Delaware County.

First Annual Announcement of the Kansas Medical College, Topeka, Kansas, Session of 1890–1891.

The Cause, Prevention, and Treatment of the Summer Diarrhœas of Infants. Read before the Topeka Academy of Medicine and Surgery, July 1, 1890, by C. C. Green, M.D., Topeka, Kansas, Professor of Physiology and Dermatology, Kansas Medical College.

An Explanation of the Phenomena of Immunity and Contagion, Based upon the Action of Physical and Biological Laws. By J. W. McLaughlin, M.D., Austin, Texas.

Thirty-Seventh Annual Report of the Northern Home for Friendless Children and Associated Institute for Soldiers' and Sailors' Orphans. Read at the Anniversary, May 6, 1890.

Intra-Ocular Syringing in Cataract Extraction, with a Report of Fifty-Three Operations. By J. A. Lippincott, A.B., M.D., Pittsburgh, Pa.

A Death Caused by a Uterine Dilator, with Some Remarks as to the Proper Method of Using the Dilator. By Howard A. Kelly, M.D., Professor of Gynæcology in the Johns Hopkins University.

National University of the City of Washington. By Charles Wesley Buoy, D.D.

The Fourth Annual Report of the Dōshisha Hospital and Training School for Nurses, Kyōto, Japan. In connection with the A. B. C. F. M. Mission.

Proceedings of the Society for the Study of Inebriety.

Transactions of the American Dermatological Association at its Fourteenth Annual Meeting, held at the New Bathing Establishment, Richfield Springs, New York, on the 2d, 3d, and 4th of September, 1890.

Commonwealth of Pennsylvania. State Board of Health. The Disposal of the Sewage of Public Edifices. Addressed to the Trustees and Managers of Public Institutions.

Abnormal Intra-Thoracic Air-Pressures and Their Treatment. Address at the Seventh Annual Meeting of the American Climatological Association, September 2, 1890. By Charles Denison, A.M., M.D., of Denver, Colorado, President.

The Atmospheric Tractor: A New Instrument, and some New Theories in Obstetrics. By Peter McCahey, M.D., Philadelphia.

Proceedings of the National Conference of State Boards of Health, at the Seventh Annual Meeting held at Nashville, Tennessee, May 19, 20, 1890. Published for the State Board of Health of Pennsylvania.

Proceedings of a Complimentary Dinner given to Dr. Joseph Parrish, of Burlington, N. J.

Inebriety, and Homes for Inebriates in England. By Joseph Parrish, M.D., President of American Association for the Cure of Inebriates.

The Medical Jurisprudence of Inebriety. By Joseph Parrish, M.D., Burlington, N. J.

Health Lectures for the People. Eleventh Series. No. 6. Consumption: How to Get It, and How to Get Rid of It. By R. W. Philip, M.A., M.D., F.R.C.P.

New Operation for Repair of Lacerated Perineum. By Alexander Duke, F.C.P.I., Gynecologist Steeven's Hospital; Ex-Assistant Physician Rotunda Hospital, etc.

On Koch's New Treatment of Tuberculosis. By R. W. Philip, M.A., M.D., F.R.C.P.Ed., F.R.S.E., Assistant Physician to the Royal Infirmary, Edinburgh.

Treatment of Suppuration of the Middle Ear By L. J. Hammond, M.D., Assistant Surgeon to the Ear Dispensary, University of Pennsylvania.

COMMERCIAL NEWS.

W. R. WARNER & Co. are evidently determined to keep in the van of therapeutic remedies. "Antalgic Saline" appeals to us to day for recognition as a remedy for the relief of "headache," also for influenza and neuralgia, and as an antidote of "la grippe" they issue the "Pil. Chalybeate Compound":—

℞ Comp. carb. protoxide of iron, . grs. 2½.
Ext. nuc. vom., . . . gr. ⅛.

Sig.: One pill every four hours and increase to 2 pills three times a day.

Antalgic Saline, one dessertspoonful every four or five hours till relieved, for headache. The same mode of administration precedes that of the chalybeate pills for "la grippe."—*Weekly Medical Review.*

IT is a matter of fact that many healthy men and women to-day owe it to the faithful use of the Hypophosphites of Lime and Soda that they did not die of consumption years ago. See the excellent advertisement of McArthur's Syrup on page 2 of this issue and follow the excellent advice therein contained.

A PLAIN STATEMENT.

HAVERHILL, MASS., March 7, 1891.

ANTIKAMNIA CHEMICAL CO., St. Louis, Mo.

Gentlemen: The Antikamnia sent me found a suitable case at once. My patient had long been a sufferer from hemicrania, and the pain was never more than partially relieved by caffeine, acetanilid, etc.

Upon the recurring attack, I prescribed Antikamnia, 3 grains every two hours. The first dose gave instant relief, to the great satisfaction of both myself and patient, and complete recovery was secured.

I shall hereafter use Antikamnia in preference to all other preparations, for the relief of migraine, sciatica, and other nervous diseases.

Very respectfully yours,
CHAS. F. FOYE, M.D.

ST. LOUIS, June 21, 1888.

For a long while I have been in the habit of prescribing fluid extract of viburnum prunifolium in those painful functional disorders of the uterus and appendages occurring in cases that come under my care for renal and vesical diseases. My results have been satisfactory. Of late, I have given the remedy in the form of Dioviburnia, as prepared by a well-known St. Louis pharmacist, and the results are equally good, perhaps better, and the method of administration vastly superior.

JOHN P. BRYSON,
Professor of Genito-Urinary Organs St. Louis Medical College.

FOR SALE.

A good practice, with personal property, located in a nice college town, in heart of rich and thickly-settled farming country. Ill health only reason for selling. Will sell horse, buggy, sleigh, etc., household goods, and office fixtures for $500. This is a rare chance. Property alone is worth more. Address at once, "W. P. M.," care MEDICAL BULLETIN OFFICE, Philadelphia, Pa.

EPILEPSY—HYSTERIA.

I have used Peacock's Bromides extensively in epilepsy and hysteria; 2 cases of epilepsy of twelve and fifteen years' standing have not returned for two years.

C. W. TOWNSEND, M.D.,
Bower Hill, Pa.

A VALUABLE GALACTAGOGUE.

The sample bottle of Neutrolactis sent me proved more than satisfactory. Case: Child weighed 5 pounds at birth; when I first saw it at 8 weeks old it weighed 4½ pounds. I gave the mother the sample bottle of Nutrolactis; her milk at once became so copious and nourishing that the child gained 2 pounds in eight days.

J. O. NORCROSS, M.D.,
Sumner, Neb.

AMENORRHŒA.

℞ Tinct. ol. sabinæ, . . 2 drachms.
Tinct. nucis vom., . . 2 drachms.
Aletris Cordial (Rio), . 3½ ounces.
M. Sig.: Teaspoonful four times a day.

W. K. GRIFFIN, M.D., Daniel, S. C., says: "I was induced to try your Celerina in my own case, having been troubled with periodic attacks of neuralgia for several years past, during which time I tried different remedies for relief, but with no permanent good effect. Having now used nearly a bottle of Celerina, I am thoroughly satisfied with its remedial effects in this particular affliction, and truly thankful to say its results have been most excellent and gratifying in my case. Since I commenced the use of Celerina my attacks of neuralgia have been less frequent, intervals much longer, and my nervous system greatly benefited by its tonic influence. As a nervine I esteem it very highly, and without any exaggeration feel fully justified in saying it is an invaluable therapeutic agent, and can cheerfully recommend it to the medical profession as one of the very best nerve tonics. Pleasant, soothing, and agreeable to the taste, it is emphatically a most excellent preparation, a *sine qua non* in every case."